

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.765)

(WELL I.D.#) L 7112
(START CARD) # 166222

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name WALT ROLOFF
Address 53515 LOCUST ROAD
City MELTON FREEWATER State OREGON Zip 97862

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 500 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	18'	BENTONITE	18'	0	28 SACKS
12"	18'	338'	PORT. CEMENT	338'	300'	27 SACKS
10"	338'	500'				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	+2	338'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) TUBEX SHOE @ 338'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tube/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500+		500'	1 hr.

Temperature of water 61° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County UMATILLA Latitude _____ Longitude _____
Township 6N (N) or S Range 3SE (E) or W WM.
Section 36 NW 1/4 SW 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) ON ELIZABETH ST. BEHIND SAW SHOP ON 395

(10) STATIC WATER LEVEL:
311 ft. below land surface. Date 8-25-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
120	140	60 gpm	274'
370'	500'	500+ gpm	311'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL & GRAVEL	0'	51'	
GRAVEL & CLAY	51'	308'	274'
BLACK BASALT	308'	370'	
BLACK SLICED w/ GREEN LAYERS	370'	500'	311'

RECEIVED
SEP 15 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-18-04 Completed 8-25-04

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed [Signature] WWC Number 1731 Date 8-25-04

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] WWC Number 544 Date 8-25-04