

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

(WELL I.D.)# L 71150
(START CARD) # 166237

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 MILTON-FREEMAN 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 420 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
14"	0	18	PORTLAND CEMENT	18	0	20 SACKS	
12"	18	338	PORT CEMENT	338	320	27 SACKS	
10"	338	420					

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"	12'	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	Type	Material	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500+ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 63° 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 UMATELLA Latitude _____ Longitude _____
Township 10 or S Range 35 or W WM.
Section 35 SE 1/4 NW 1/4
Tax Lot 4102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) FIVE BLOCKS WEST OF HWY 11 ON NORTH SIDE OF COBB ROAD

(10) STATIC WATER LEVEL:
214' ft. below land surface. Date 9-13-04
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 250'

From	To	Estimated Flow Rate	SWL
250'	270'	100 gpm	236'
367'	420'	500+ gpm	214'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL & GRAVEL	0	42	
BROWN CLAY & GRAVEL	42	170	
TAN CLAY & GRAVEL	170	218	
SAND & CLAY	218	250	
GRAVEL	250	270	236'
BLACK BASALT	270	280	
GREY CLAY	280	310	
VEGETABLE BASALT	310	316	
BLACK BASALT	316	367	
BLACK w/ GREEN CLAY	367	420	214'

RECEIVED
SEP 17 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-30-04 Completed 9-10-04

(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 9-13-04

(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 9-13-04