

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 65817
START CARD # W165214

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

(1) LAND OWNER Well Number _____
Name JOHN BORCHERT
Address 52741 STEPHENS RD
City MILTON FREEWATER State ORE 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 382 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Back or pounds
12	0	20	Concrete	0	20	34
8	20	275	SPLIT Seal	From	250-275	
6	275	382	Neat Cement			15 Bags

How was seal placed: Method A B C D E
 Other POURED 0-20
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: 8	0	265	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	250	275	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe 8-265 - 6-275

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

Yield gal/min	Drawdown	Drill stem at	Time
125+		375	1 hr.

Flowing Artesian
 Pump Bailer Air

Temperature of water 61° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for drinking? Yes No little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 6 0 or S Range 35 0 or W. WM.
Section 34 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 52741 STEPHENS Rd

(10) STATIC WATER LEVEL:
134 ft. below land surface. Date 11-23-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 47

From	To	Estimated Flow Rate	SWL
47	55	10	50
166	176	50	55
349	382	125+	134

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil + Large Rocks	0	15	
Cemented Gravel	15	47	
Med Gravel - water	47	55	50
Cemented Gravel	55	73	
Brown Clay + Gravel	73	130	
Small-Med Gravel	130	160	
Brown Clay + Gravel	160	166	
Gravel - water	166	176	55
Brown Clay + Sand	176	205	
Blue Clay + Gravel	205	217	
Blue Clay	217	258	
Broken Basalt	258	265	
Med HARD Basalt	265	275	
HARD Black Basalt	275	349	
Black Basalt + Blue Claystone	349	374	134
WATER			
Brown Basalt - water	374	382	134

Date started 9-27-04 Completed 11-16-04

(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.

WWC Number _____
Signed _____ Date _____

(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.

WWC Number 1639
Signed Mike Harding Date 11-23-04

RECEIVED

DEC 01 2004