

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

WELL I.D. # L 80276
START CARD # 173603

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

(1) LAND OWNER Well Number _____
Name Anderson Land & Livestock
Address 49603 MCKAY CR RD
City Pilot Rock State OR Zip 97868

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 140 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	18	Bentonite	0	18	17 SACKS
10"	18	38	Cement	28	38	5 SACKS
7 1/2"	38	140				

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

Casing:	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
	8"	12	38	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None

Final location of shoe(s) Tubex @ 38'

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600		140	1 Hr
200		30	1 Hr

Temperature of water 60° 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 (legal description)
County Umatilla
Tax Lot 1502 Lot Yellow Horse well
Township 15 N or S Range 34E E or W WM
Section 07 NW 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 49422 MCKAY CR RD Pilot Rock OR

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
15 ft. below land surface. Date 8-9-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
0	25	5	20
45	125	600	15

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
GRAVEL	0	25	20'
BLACK BASALT	25	45	
Brown Basalt			
Tan claystone	45	80	15
Black & Brown Basalt	80	93	
Brown Bst / tan clay	93	115	
Black / Brown Basalt	115	125	
BLACK BASALT	125	140	

RECEIVED

AUG 15 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 8-8-05 Completed 8-9-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 1735 Date 8-9-05

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 544 Date 8-9-05

Signed Jerry Bond