

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

WELL I.D. # L 44050
 START CARD # W183736

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

(1) **LAND OWNER** Well Number 3
 Name NITA STOCKE
 Address 53881 Walla Walla River Road
 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 244
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	19	Neat Cement	0	90	34
10	19	90	Neat Cement			
8 1/2	90	244				

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	1	90	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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
250 ⁺		235	1 hr.
160		180	1/2

Temperature of water 52 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 5 or S Range 36 or W. WM.
 Section 7 SW 1/4 SW 1/4
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 53881 Walla Walla River Road

(10) **STATIC WATER LEVEL:**
120 ft. below land surface. Date 4-24-06
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 15

From	To	Estimated Flow Rate	SWL
15	47	20	15
198	244	250 ⁺	120

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Soil-Cobbles	0	35	
Soft Brown Basalt	35	47	15
Black Basalt-HARD	47	57	
Med-Black Basalt	57	100	
Black with Brown Basalt	100	106	
Brown Basalt	106	108	
Black Basalt	108	125	
Brown Basalt	125	135	
Black Basalt	135	198	
Soft Black Basalt	198	244	120

<p>RECEIVED</p> <p>MAY 18 2006</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p>	<p>RECEIVED</p> <p>OCT 10 2006</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p>
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Date started 4-17-06 Completed 4-24-06

(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 _____ WWC Number _____ 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.
 Signed Mike Harding WWC Number 1639 Date 5-16-06