

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

WELL I.D. # L 44055
 START CARD # ~~44055~~ W183740

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

(1) LAND OWNER Well Number _____
 Name Cecil ZERBA
 Address P.O. Box 682
 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 902 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds of cement
Diameter	From	To	Material	From	To	
12"	0	110	Neat Cement	0	105	2.5 yds. cement
8"	110	902				

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	Steel	Plastic	Welded	Threaded
Casing:	10"	110	105	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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Material	
						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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20		600	1 hr.
160		750	
250+		895	

Temperature of water 73° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intake? 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 5 SE 1/4 SE 1/4
 Tax Lot 802 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Corner Cemetery Road and SPOFFARO Road

(10) STATIC WATER LEVEL:
524 ft. below land surface. Date 6-15-06
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 633

From	To	Estimated Flow Rate	SWL
633	654	12	
703	771	100	
790	806	150	
854	896	250+	624

(12) WELL LOG:

Material	From	To	SWL
Soil	0	8	
Broken Basalt	8	29	
Brown Basalt	29	92	
Med Gray Basalt	92	117	
Hard Gray Basalt	117	256	
Med Gray Basalt	256	292	
Black Basalt	292	553	
Gray Basalt	553	605	
Black Hard Basalt	605	633	
Soft Black Basalt water	633	654	
Hard Black Basalt	654	703	
Soft Black Basalt water	703	771	
Hard Black Basalt	771	790	
Black Scoria Basalt water	790	806	
Black Basalt	806	854	
Brown Scoria Basalt & Chertstone water	854	896	
Hard Black Basalt	896	902	

Date started 5-22-06 Completed 6-16-06

(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.
 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 Handlin Date 6-22-06

RECEIVED

JUL 10 2006

WATER RESOURCES DEPT
 SALEM, OREGON