

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 92993

START CARD # 192479

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

(1) LAND OWNER Calvin Blessinger Well Number 1
Name Calvin Blessinger
Address 5620 200 St. SW A217
City Lynnwood State WA Zip 98036

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

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

(4) PROPOSED USE: Permit G-16075
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 450 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	80	Cement	0	80	16 sacks
12 1/2"	80	200				
10"	200	450				

How was seal placed: Method A B C D E
Other: Overreamed 10" casing to 80 ft. to 14" diameter

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"	0	341	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	333	450	.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(s) 341

(7) PERFORATIONS/SCREENS: Torchcut, liner
 Perforations Method shot/perforator, casing
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
170	200		4 rows	4x2 1/2"	10"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
393	450		3 rows	4"x4"	8"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500+		450	5 hrs.

Temperature of water 57° 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 6N N or S Range 34E E or W. WM.
Section 22 NW 1/4 SW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3 mi. west of Umapine, OR on Umapine Hwy.

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 12-13-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 134

From	To	Estimated Flow Rate	SWL
134	148	50	35
148	210	500+	35
390	450	50	35

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay soil	0	3	
clay	3	17	
Cemented gravel	17	25	
Brown clay	25	68	
Sandy gravel	68	80	
Gray clay	80	134	
Cemented gravel	134	148	WB
Gravel	148	210	WB
Gray clay	210	246	
Sandy brown clay	246	305	
Brown clay	305	390	
Gray clay	390	450	WB

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JAN 22 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-7-07 Completed 12-13-07

(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 Patrick Wallace WWC Number 1218 Date 12-31-07