

UMAT 56195

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 527.765)

WELL I.D. # L 92977
START CARD # 196248

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

(1) LAND OWNER Well Number _____
Name Lowell M. Eiffer
Address 55056 Birch Creek Rd.
City Milton-Freewater State OR 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 Permit G-16191
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 225 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	80	Cement	0	80	44 sacks
8"	80	225				

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	210	.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) 210

(7) PERFORATIONS/SCREENS:

Perforations Method Hotte perforator
 Screens Type _____ Material Steel

From	To	Slot size	Number	Diameter	Tele/plpe size	Casing	Liner
90	140	1/4 x 2"	4 Rows		8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
100+		225	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 65° 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 35E E or W. WM.
Section 22 NE 1/4 SE 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 85110 Winesap Rd.
Milton-Freewater, OR 97862

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 6-10-08
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	103	30	50
103	115	30	50
115	180	20	50
180	225	20+	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown clay & gravel	0	90	
Brown clay & cobbles	90	103	50
Brown clay	103	115	50
Gravel with some brown clay	115	180	50
Gravel	180	225	50

RECEIVED

JUL 31 2008

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-28-08 Completed 6-10-08

(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 _____ Date _____ WWC Number _____

(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 7-1-08