



STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

02-07-2011 (10) WELL LABEL # L 100156
 (AHENDED) comments START CARD # 1012367

(1) LAND OWNER Owner Well I.D. _____
 First Name RICHARD Last Name FUNK
 Company _____
 Address 1979 JB GEORGE RD
 City WALLA WALLA State WA Zip 99362

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard Attach copy
 Depth of Completed Well 132.00 ft
 BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
			Cement	132	172	15	S

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

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

Perf/S	Casing	Screen	From	To	Screen/slot	Slot	# of	Tele/
screen	Liner	Dia	From	To	width	length	slots	pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Temperature _____ °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Umatilla Twp 5.00 N N/S Range 25.00 E E/W WM
 Sec 2 NW 1/4 of the NW 1/4 Tax Lot 130
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
 WINESAP RD. 83651 MILTON FREEWATER

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	5-6-11		127

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To

 Date Started 02-05-2011 Completed 02-05-2011

(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.

License Number 1735 Date 02-07-2011 9-28-11
 Electronically Filed
 Signed CHAD COURTNEY (E-filed)

(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.

License Number 1881 Date 02-07-2011 9-28-11
 Electronically Filed
 Signed GARRY L ZOLLMAN (E-filed)
 Contact Info (optional)

RECEIVED
 SEP 28 2011
 WATER RESOURCES DEPT
 SALEM, OREGON

