

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 105 729

START CARD # W204702

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

**(1) LAND OWNER** Owner Well I.D.  
 First Name JUDY - BARBARA Last Name POITRAS - BROWN  
 Company \_\_\_\_\_  
 Address 16436 STATELINE ROAD  
 City TOUCHET State WN Zip 99360

**(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  Injection  
 Thermal  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well 181 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks/ft)
15"	0	25	3/8" Ben Chips	0	25	28 1000
12"	25	99				
10"	99	225				

How was seal placed: Method  A  B  C  D  E  
 Other POURED  
 Backfill placed from 25 ft. to 99 ft. Material 3/8" Round Washed Gravel  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		10"	+	1	181	.250	✓		✓	

Shoe  Inside  Outside  Other Location of shoe(s) 181  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method MILL KRIEPE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/size
✓	✓				120	160	1/4	2"	640	10"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
315	47	155	4

Temperature 59 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount

**(9) LOCATION OF WELL (legal description)**  
 County UMATILLA Twp 6 or S Range 33 or W W.M.  
 Sec 14 SE 1/4 of the NW 1/4 Tax Lot 300  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address)  
16436 STATELINE ROAD, TOUCHET, WN 99360

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	7-14-11		-	86'

Flowing Artesian?  Yes Dry Hole?  Yes  
**WATER BEARING ZONES** Depth water was first found 96

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-27-11	120	160	200 GPM		-	86

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
SOIL	0	25
Brown clay + Sand	25	77
Blue Clay + SAND	77	96
Sand + Gray Clay	96	115
Med Gravel + Gray Clay	115	122
Small TO Med Gravel	122	163
Brown Clay + Fine Sand	163	180
Rocks + Sandy Ben Clay	180	202
Blue Clay	202	225

Date Started 6-1-11 Completed 7-14-11

**(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 1639 Date 7-25-11

Signed Mike Harding

**(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 1639 Date 7-25-11

Signed Mike Harding  
 Contact Info. (optional) \_\_\_\_\_

RECEIVED

JUL 29 2011

WATER RESOURCES DEPT