

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

WELL LABEL # I. 95327

START CARD # [REDACTED]

(1) LAND OWNER Owner Well I.D. _____

First Name Goral Last Name LaPorte
Company _____
Address Rt 1 Box 101
City Milton Freewater State Or Zip 97862

(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 295 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	30	Cement	0	30	21	S
8	30	295					

How was seal placed: Method A B C D E

Other Pumped

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		1	30	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 30

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner					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)
400		295	2

Temperature 58 °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 05 N 2 E S Range 36 E E/W WM
Sec 23 NE 1/4 of the NW 1/4 Tax Lot 901
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

Rt 1 Box 101 Milton Freewater, Or

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>07-15-1980</u>		<u>175</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 278

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>07-15-1980</u>	<u>278</u>	<u>295</u>	<u>400</u>	<u>0</u>	<u>175</u>

(11) WELL LOG

Ground Elevation 1,725

Material	From	To
Brown Silt	0	15
Broken Black Basalt	15	22
Hard Black Basalt	22	38
Broken Black Basalt	38	210
Hard Black Basalt	210	278
Red Grey Black Porus Lava Basalt	278	295

Date Started 07-13-1980 Completed 07-15-1980

(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 _____ Date _____
Password : (if filing electronically) _____
Signed _____

(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 756 Date 07-20-1980
Password : (if filing electronically) _____
Signed [Signature]
Contact Info (optional) _____

583 986 2902