

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

UN10
2154

AUG 10 1992

35/38E/10
START CARD
#W-14844

(1) OWNER:
 Name Duane Fleet Owner's Well Number: _____
 Address 1610 Gekeler Lane
 City La Grande State ORE Zip 97850

(9) LOCATION OF WELL by legal description:
 County Union Latitude _____ Longitude _____
 Township 35 N or S, Range 38 E or W, WM.
 Section 10 1/4 _____ 1/4 _____
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) McAlister Rd.

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other
ROTARY REVERSE AIR

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 471 ft.
 Special Standards date of approval _____

| HOLE | | SEAL | | Amount sacks or pounds |
|----------|---------|----------|---------|---------------------------|
| Diameter | From To | Material | From To | |
| 28" | 0 39 | CEMENT | 0 39 | 110 |
| 23" | 39 471 | | | |

How was seal placed? Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 39 ft. to 471 ft. Size of gravel .250

(6) CASING/LINER:

| Casing: | Diameter | From | To | Gauge | Seal | | | |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| | 24" | 0+1 | 39 | 37.5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 16" | 0+2 | 471 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Final location of shoe(s) _____

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 171 | 471 | 3/16 | 44400 | 16" | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1900 Pumping level ? Drill stem at 235 Time 4 1/2 hr
1150 ? 100 4 hr
1625 57-4" 150' 4 hr.
 Temperature of water 59° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom Waldo Howe
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 3' + 16' SURFACE WATER

(10) STATIC WATER LEVEL:
216 ft. below land surface. Date 7-1-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

| Material | From | To | WB? | SWL |
|-----------------------|------|-----|-----|-----|
| Top Soil | 0 | 1 | | |
| CLAY | 1 | 3 | | |
| CLAY & SAND | 3 | 4 | WB | |
| GRAVEL-SAND-CLAY | 4 | 16 | | |
| GRAVEL-SAND | 16 | 18 | WB | |
| CLAY-GRAVEL | 18 | 73 | | |
| GRAVEL-SILT | 73 | 140 | | |
| LOOSE | | | | |
| GRAVEL-SAND | 140 | 143 | WB | |
| GRAVEL-CLAY | 143 | 224 | | |
| CLAY (BROWN) | 224 | 227 | | |
| CLAY-GRAVEL (Sm.-19.) | 227 | 278 | | |
| GRAVEL-CLAY | 278 | 314 | | |
| GRAVEL (CLEAN) | 314 | 316 | | |
| GRAVEL-CLAY | 316 | 329 | | |
| GRAVEL (Sm. & CLEAN) | 329 | 337 | | |
| CLAY-GRAY-SOFT | 337 | 341 | | |
| SAND-GREEN-GRAVEL | 341 | 349 | | |
| CLAY | 349 | 351 | | |
| SAND " (FINE) | 351 | 353 | | |
| CLAY | 353 | 381 | | |
| SAND-GRAVEL-BLACK | 381 | 383 | | |
| SAND-GREEN-GRAVEL | 383 | 384 | | |
| SAND-CLAY-ROCK | 384 | 387 | WB | |
| SAND WATER? | 387 | 406 | | |
| CLAY-GRAY-SOFT | 406 | 411 | | |
| SAND (FINE) | 411 | 412 | WB | |
| SAND STONE | 412 | 414 | WB | |
| CLAY (SOFT) | 414 | 415 | | |
| CLAY-GRAVEL | 415 | 419 | | |
| GRAVEL-SAND | 419 | 422 | WB | |

Date started 3-4-1992 Completed 7-16-92

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Waldo Howe Date 7-29-92

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed Robert V. Stoffel (415) Date 8-7-92

Company Stoffel Bros Drilling Co. Job No. _____

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

UN10
 2154

RECEIVED
 AUG 10 1992

35/38E/10
 START CARD
 #W-14844

(1) OWNER: **Duane Fleet**
 Name: **Duane Fleet** Owner's Well Number: **WA111111**
 Address: **1610 GEKELER LANE** SALEM, OREGON
 City: **LA GRANDE** State: **ORE.** Zip: **97150**

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other
ROTARY REVERSE AIR

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well **471** ft.
 Special Standards date of approval _____

| HOLE | | SEAL | | Amount sacks or pounds |
|----------|---------|----------|---------|---------------------------|
| Diameter | From To | Material | From To | |
| 28" | 0 | Cement | 0 | 110 |
| 23" | 39 | | 471 | |

How was seal placed? Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **39** ft. to **471** ft. Size of gravel **.250**

(6) CASING/LINER:

| Casing/Liner | Diameter | From | To | Gauge | Steel | | Plastic | | Welded | | Threaded | |
|--------------|----------|------|-----|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Check | Check | Check | Check | Check | Check | Check | Check |
| Casing | 24" | 0+1 | 39 | 37 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 16" | 0+2 | 471 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Liner | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 171 | 471 | 3/16 | 14400 | 16" | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min **1900** Pumping level **?** Drill stem at **235** Time **4 hr**
1150 **?** **100'** **4 hr**
1625 **57-4"** **150'** **4 hr.**
 pump column

Temperature of water **59°** Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom **Waldo Howe**
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: **3'-16' surface water**

(9) LOCATION OF WELL by legal description:
 County **Union** Latitude _____ Longitude _____
 Township **3S** N or S, Range **38** E or W, WM.
 Section **10** 1/4 _____ 1/4 _____
 Tax Lot **700** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **McAlister Rd.**

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date **7-1-92**

(11) WELL LOG: Ground elevation _____

| Material | From | To | WB? | SWL |
|----------------------|------|-----|-----|-----|
| GRAVEL - SAND | 422 | 427 | WB | |
| GRAVEL (A TREE) | 427 | 429 | WB | |
| GRAVEL - CLAY (HARD) | 429 | 432 | | |
| CLAY - (SOFT) | 432 | 434 | | |
| GRAVEL - SAND | 434 | 439 | | |
| GRAVEL - CLAY | 439 | 458 | WB | |
| GRAVEL - SAND - CLAY | 458 | 466 | | |
| GRAVEL - SAND | 466 | 468 | WB | |
| GRAVEL - CLAY (SOFT) | 468 | 471 | | |

GRAVEL WAS LOOSE, CAVED IN SEVERAL TIMES.
 FROM 70' TO 224', HAD A LARGE HOPE. IT TOOK 10 YDS. OF GRAVEL TO FILL 114 FEET OF HOPE AT 24'. IT TOOK 116 YDS. TO BACK FILL WELL.

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date **7-29-92**

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed **Robert D. Stoffel (415)** Date **8-7-92**

Company **Stoffel Bros Drilling Co** Co. Job No. _____