

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

RECEIVED

JAN - 4 1995

(START CARD) # 30080

UNIO
 2510

45/35E/8
 30080

WATER RESOURCES DEPT.

(1) OWNER:
 Name Camp EKANAH
 Address PO Box 150
 City LAGRAND State OR Zip 97850

LOCATION OF WELL by legal description:
 County Union Latitude _____ Longitude _____
 Township 45 N or S. Range 35 E E or W. WM. _____
 Section 8 _____
 Tax Lot 1700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 49504 Hwy 249 LAGRAND OR 97850

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	30	Bentonite	0	30	30 bags
8	30	185				
6	185	200				

How was seal placed: Method A B C D E
 Other Power draft
 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:	6	12	185	2.50	<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"/>

Final location of shoe(s) 185
 (7) PERFORATIONS/SCREENS:
 Perforations Method air + Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	180	8	200	6		<input checked="" type="checkbox"/>	<input type="checkbox"/>
180	200	1/8	20		4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at 190 Time 1 hr.

Temperature of Water 50 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: _____

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 12-27-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
14	14	1	
145	200	30	6

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Soil & sand	0	6	
Clay rock	6	14	13
Broken Rock	14	25	
Solid Rock	25	145	6
Broken Rock	145	200	6

Date started 12-19-94 Completed 12-27-94
 (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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Carl P. Itch WWC Number 494
 Date 12-27-94

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Carl P. Itch WWC Number 494
 Date 12-27-94