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

SEP 18 1995

(START CARD) # 64024

(1) OWNER: Well Number: 1
Name THOMAS & JANICE KOHR
Address 62817 Fruitdale Lane
City LaGrande State OR Zip 97850

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 2S N or S Range 38E E or W, WM. X
Section 22 NE 1/4 NW 1/4
Tax Lot 4501 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hunter Road

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 325 ft.
Explosives used Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Amount sacks or pounds
28" 0 325' Beneate 0 20' 2500#
Granulation

How was seal placed: Method A B C D E
 Other 690-210-340
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 20' ft. to 325' ft. Size of gravel 3 Minus

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>16"</u>	<u>+1</u>	<u>140</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>150</u>	<u>180</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>250</u>	<u>260</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>270</u>	<u>280</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>16"</u>	<u>290</u>	<u>305</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>16"</u>	<u>315</u>	<u>325</u>	<u>.315</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Hal. burton
 Perforations Method _____
 Screens Type Wire Wrap Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>140</u>	<u>150</u>	<u>.040</u>		<u>16"</u>	<u>pipesz</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>180</u>	<u>250</u>	<u>.040</u>		<u>16"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>260</u>	<u>270</u>	<u>.040</u>		<u>16"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>280</u>	<u>290</u>	<u>.040</u>		<u>16"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>305</u>	<u>315</u>	<u>.040</u>		<u>16"</u>	<u>"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
1080 128' _____ 4hr.
1250 160' _____ 2hr.

Temperature of water 57° Depth Artesian Flow Found 180'
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:
_____ ft. below land surface. Date _____
Artesian pressure 1.5 lb. per square inch. Date 7/30/95

(11) WATER BEARING ZONES:
Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
<u>Everything Below 40' is</u>			
<u>Water Bearing Zones</u>			

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Topsoil</u>	<u>0</u>	<u>6</u>	
<u>Light Brown Clay</u>	<u>6</u>	<u>20</u>	
<u>Light Brown Clay</u>	<u>20</u>	<u>40</u>	
<u>Fine to coarse sand & grav</u>	<u>40</u>	<u>59</u>	
<u>Sandy Clay</u>	<u>59</u>	<u>65</u>	
<u>Sand & Gravel</u>	<u>65</u>	<u>76</u>	
<u>Sand Stone</u>	<u>76</u>	<u>78</u>	
<u>Blue Clay w/some brown</u>	<u>78</u>	<u>94</u>	
<u>Sand stone</u>	<u>94</u>	<u>101</u>	
<u>Blue & Brown Clay</u>	<u>101</u>	<u>103</u>	
<u>Coarse sand & Sandstone</u>	<u>103</u>	<u>113</u>	
<u>Fine Sand & Blue Clay</u>	<u>113</u>	<u>122</u>	
<u>Sandstone & fine sand</u>	<u>122</u>	<u>150</u>	
<u>Blue clay w/fine sand</u>	<u>150</u>	<u>172</u>	
<u>Fine to coarse sand & grav</u>	<u>172</u>	<u>224</u>	
<u>Fine to coarse sand</u>	<u>224</u>	<u>247</u>	
<u>Blue Clay</u>	<u>247</u>	<u>254</u>	
<u>Sandy Blue clay</u>	<u>254</u>	<u>258</u>	
<u>Fine sand</u>	<u>258</u>	<u>261</u>	
<u>Fine to coarse sand & grav</u>	<u>261</u>	<u>266</u>	
<u>Sandy brown clay w/sand</u>	<u>266</u>	<u>269</u>	
<u>Sandy blue clay w/sand</u>	<u>269</u>	<u>279</u>	
<u>Coarse clean sand</u>	<u>279</u>	<u>284</u>	

Date started 7/23/95 Completed 7/31/95

(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 [Signature] WWC Number 1505
Date 9-5-95

(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 [Signature] WWC Number 1506
Date 9-5-95

