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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 64025

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

(1) OWNER: Well Number _____

Name Fred Wallender
Address 65228 Airport Lane
City LaGrande State Oregon Zip 97850

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger

Other Reverse Rotary

(4) PROPOSED USE:

Domestic Community Industrial Irrigation

Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 325 ft.

Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter From To Material From To Sacks or pounds

28" 0 394 Basaltic Gravel 0 20' 4800 #

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 394 ft. Size of gravel 3/4 Minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	155'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	155'	195'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	195'	205'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	205'	295'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 16"	295'	325'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Rosee Moss

Perforations Method _____

Screens Type wire wrap Material _____

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
155'	175'	.040		16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
195'	205'	.040		16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
295'	295'	.040		16"	Pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
305'	365'	.040		16"	Pipe	<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
300		340	2hr.

Temperature of water 58° 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: _____

(9) LOCATION OF WELL by legal description:

County Union Latitude _____ Longitude _____
Township 3 N or S Range 39 E or W. WM.
Section 29 NE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Airport Rd.

(10) STATIC WATER LEVEL:

9' ft. below land surface. Date 8/24/95

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
<u>all sands + Gravels</u>			
<u>Below 19' are water bearing</u>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2'	
White Pumice	2'	6'	
Brown Clay	6'	19'	
Coarse & Fine Sands	19'	39'	
Brown Clay	39'	54'	
Fine Sands & Sandstones	54'	134'	
Brown Clay	134'	158'	
Fine & Coarse Sand & Clays	158'	254'	
Brown Clay	254'	284'	
Coarse Sand & Gravels	284'	298'	
Sandstone & streaks Clay	298'	325'	
Fine to Coarse Sand	325'	364'	
Blue, Grey Clay	364'	374'	

Date started 8/9/95 Completed 8/24/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1505 Date 9/13/95

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

Signed [Signature] WWC Number 1506 Date 9/13/95