

Amendment

RECEIVED UNIFORM 2680

MAY 23 1997

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 539.720)
WATER RESOURCES DEPT.
SALEM, OREGON

NOV 27 1995
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number 184
Name Stanley Weisheit
Address 65011 OR Hwy 237
City LaGrande State Ore Zip 971850

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Reverse Circ. 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 345 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	Sacks or pounds
28"	0 325	Bentonite	0 45'
15"	325 460	Gravel	6000 lbs

How was seal placed: Method A B C D E
 Other 690-210-340
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 45 ft. to 460 ft. Size of gravel 3/4 Minus

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16"	115	155	.035	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	185	205	.035	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	225	235	.035	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	235	225	.035	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	335	345	.035	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS: Johnson & Roscoe

Perforations Method wire wrap

Screens Type Johnson Roscoe Material Steel

From	To	Slot size	Number	Diameter	Slot size	Casing	Linear
155	185	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
205	225	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
235	225	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
325	335	.035		16"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

Yield gal/min 1500 Drawdown 80' Drill stem at _____ Time 1 hr.

Temperature of water 59° 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 _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 3 N or S Range 39 E or W. W.M.
Section 8 NE 1/4 SE 1/4
Tax Lot 15ND Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6ctler Rd.

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 11-3-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWL
<u>All Sands & Gravel Below</u>			
<u>15' Have water</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	10	
Blue Clay	10	15	
Fine Sand	15	30	X
Coarse Sand	30	40	
Grey Clay	40	61	
Fine to coarse sand	61	90	
Sandy clay	90	100	
Fine to coarse sand	100	103	
Sandy clay	103	122	
Fine to coarse sand	122	185	
Sandy clay	185	202	
Fine to coarse sand	202	227	
Super Fine Black Sand	227	288	
Clay & Sand Strata's	288	325	
Fine Sand	325	335	
Grey Clay Strata's of Sand	335	398	
Blue Clay	398	427	
Coarse Sand	427	439	
Blue Clay & Strata's of Sand	439	460	

Date started 10-20-95 Completed 11-3-95
(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 Dave Olson WWC Number 1510 Date 11-13-95

(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 Dave Olson WWC Number 1506 Date 11-13-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

RECEIVED
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

NAR - 7 1997

NOV 27 1995

WATER RESOURCES DEPT. 4039

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

(1) OWNER: Stanley Weishar, Well Number 184, Address 65011 OR Hwy 237, City LaGrande, State Ore, Zip 97850

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration, [] Abandonment

(3) DRILL METHOD: [] Rotary Air, [] Rotary Mud, [] Cable, [] Auger, [] Other Reverse Circ. Rotary

(4) PROPOSED USE: [] Domestic, [] Community, [] Industrial, [X] Irrigation, [] Thermal, [] Injection, [] Livestock, [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 345 ft., Explosives used [] Yes [X] No

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Includes entries for 28" and 15" diameters.

How was seal placed: Method [] A [] B [] C [] D [] E, Other 690-210-340, Backfill placed from 49 ft. to 460 ft., Gravel placed from 49 ft. to 460 ft.

(6) CASING/LINER: Table with columns: Casing Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Lists various casing sections.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes Johnson & Rusco wire wrap screens.

(8) WELL TESTS: Minimum testing time is 1 hour. Pump [] Bailer [X] Air [] Artesian [], Yield gal/min 1500, Drawdown 80', Temperature of water 59.0

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

(9) LOCATION OF WELL by legal description: County Union, Township 3 N, Range 34 E, Section 8 NE 1/4 SE 1/4, Street Address of Well 661er Rd.

(10) STATIC WATER LEVEL: 12 ft. below land surface, Date 11-3-95, Artesian pressure lb. per square inch, Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten note: 'All sands & Gravels below 15' have water'.

(12) WELL LOG: Ground Elevation

WELL LOG Table with columns: Material, From, To, SWL. Lists soil and rock layers from top soil to blue clay & streaks of sand.

Date started 10-20-95, Completed 11-3-95

(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. Signed Dave Olson, WWC Number 1510, Date 11-13-95

(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. Signed Dan Daugherty, WWC Number 1506, Date 11-13-95