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WELL I.D.# L01242

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50047

OCT - 3 1996

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

(START CARD) # 69477

Instructions for completing this report are on the last page of this form.
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name DON HAMPTON
Address Box R
City LAGRANGE State OR Zip 97783

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 210 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	20	Cement	118	0	110 bags
11.5	20	118				
7.5	118	210				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	118	118	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	40	140	40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	140	5/8	1000	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
+1500		200	1 hr.

Temperature of water 54 Depth Artesian Flow Found 115 to 210

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 35 N or S Range 36 E E or W. WM.
Section 12 NE 1/4 NW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 57119 Hwy 244
LAGRANGE OR 97783

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 9-10-96
Artesian pressure 1 lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
55	60	20	5
80	90	+100	2
115	210	+1500	+3

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
soil	0	5	
soft gravel + clay	5	55	5
soft gravel	55	60	5
soft gravel + clay	60	80	2
soft gravel + clay	80	90	2
Basalt soil	90	115	+3
Broken	115	210	+3

Date started 8-8-96 Completed 9-10-96
(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 Carl Piteles WWC Number 494 Date 9-10-96

(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 Carl Piteles WWC Number 494 Date 9-10-96