

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

*LN#10  
2632*

**RECEIVED** UN10 02S/38E/34BC

OCT 13 1995 50058 (START CARD) # 30829

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

WATER RESOURCES DEPT.

(1) OWNER: Well Number \_\_\_\_\_  
 Name LARRY MATTISON  
 Address 2803 North Depot  
 City LaGrande State OR Zip 97785

SALEM, OREGON OF WELL by legal description:  
 County Union Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2S N or S Range 38E E or W. WM.  
 Section 34 SW 1/4 NW 1/4  
 Tax 900 Lot 1 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) next to 62937  
Fruitdale Ln, Island City, OR 97785

(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 155 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	18	Cement	10	18	6
6	18	155	Bentonite	0	10	17

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: 6	41	155	.750	<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) 155

(7) PERFORATIONS/SCREENS:

Perforations Method Holt  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
85	105	1/8	200	6	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
135	155	1/8	200	6	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 720 Drawdown \_\_\_\_\_ Drill stem at 105 Time 1 hr.

Temperature of water 53 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:  
10 ft. below land surface. Date 9-29-95  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	24	10	10
70	105	20	10
135	155	20	10

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Soil	0	2	
gravel + clay	2	16	10
sand + gravel w/ clay	16	24	10
gravel + clay + sand	24	70	10
sand + gravel w/ clay	70	105	10
clay + gravel + sand	105	135	10
sand + gravel + little clay	135	155	10

Date started 9-25-95 Completed 9-29-95

(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 Carl P. Tek WWC Number 494 Date 9-29-95

(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 Carl P. Tek WWC Number 494 Date 9-29-95