

STATE OF OREGON  
 WATER SUPPLY WELL REPORT WELL I.D.# L22730  
 (as required by ORS 537.765)

Union  
 50275

(START CARD) # 105375

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

(1) OWNER: Well Number \_\_\_\_\_

Name Ariel Bean  
 Address 62010 West Rd  
 City LaGrande State OR Zip 97050

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	21	Cement	11	21	8 sacks
8	21	280	Bedstone	0	11	

How was seal placed: Method  A  B  C  D  E

Other Pumped Cement Poured Bedstone

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	12	198	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" 198

(7) PERFORATIONS/SCREENS:

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input 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
90		283	1 hr.

Temperature of water 57° 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 33 N or S Range 38E E or W. WM.  
 Section 4 NE 1/4 NW 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 62010 West Rd  
LaGrande OR

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 5-26-98  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL
107	130	40	35'
200	280	90	35'

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	10	
Brown Clay Gravel	10	18	
Cemented Gravel	18	23	
Brown Clay Gravel	23	107	
Gravel	107	130	
Brown Clay Gravel	130	200	35'
Cemented Gravel	200	280	35'

RECEIVED

JUN - 3 1998

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 5-15-98 Completed 5-26-98

(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.

WWC Number 1651  
 Signed Eric B. [Signature] Date \_\_\_\_\_

(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.

WWC Number 415  
 Signed Robert [Signature] Date 6-1-98