

UNIO
50487

FEB 18 1999

STATE OF OREGON
WATER SUPPLY WELL REPORT Well ID No 27027

WATER RESOURCES DEPT# 105426
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Kevin Hampton
Address 10712 S McAlister Rd
City La Grande OR Zip 97850

(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 304 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	30	Cement Slurry	11	30	27 Sacks
8	30	304	Bentonite	0	11	11 Sacks

How was seal placed: Method A B C D E
 Other Poured Bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to NONE Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	2	300	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" 300'

(7) PERFORATIONS/SCREENS:

Perforations Method Flt Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	300	4x2	500	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 250 Drawdown _____ Drill stem at 280 Time 4 hr.

Temperature of water 52 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 25 N or S Range 38E E or W. WM.
Section 3 SE 1/4 NW 1/4
Tax Lot 3400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 10712 S McAlister Rd La Grande OR

(10) STATIC WATER LEVEL:
31 ft. below land surface. Date 2-12-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	225	80	21
250	260	100	21
280	300	200	21

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	4	
Boulders & Clay Gravel	4	30	
Cemented Gravel	30	110	
CLAY	110	117	
Gravel & Clay	117	220	
Sandy Clay	220	235	
Sand & Gravel	235	247	
Sandy Clay	247	253	
Sand & Large Gravel	253	304	21

Date started 2-4-99 Completed 2-15-99
(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 _____
Signed _____ 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 W. Staffal Date 2-11-99