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WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 23719
START CARD # 103494

(1) OWNER: Well Number
Name John Scott Harvey
Address 67916 Monroe LN
City LA Grande State 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 950 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	19	Bentonite	19		12 - 60#
7 7/8	19	930				
5 3/4	930	950				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured DRY
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	+1	930	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 930

(7) PERFORATIONS/SCREENS:
☒ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
930	870	4	60	6		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
75		940	1 hr.

Temperature of water 62 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 1 N N or S Range 39 E E or W. WM.
Section 31 NW 1/4 NE 1/4
Tax Lot 8000 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 1500 YR Lane North Hwy

(10) STATIC WATER LEVEL:
600 ft. below land surface. Date 12-7-00
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL
240	240	10	210

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Soil & clay	0	2	
Boulders & clay	2	6	
Rock Hard	6	48	
Rock soft	48	240	210
Broken Rock Hard	240	245	210
Rock Red soft	245	270	210
Rock Hard Tuff	270	480	210
Rock soft Reddish	480	640	210
Rock soft Blue	640	780	210
Rock soft Reddish	780	840	400
Rock Hard Blue	840	875	400
Rock soft Reddish	875	935	600
Rock Cobbles	935	950	600

Date started 10-31-00 Completed 12-7-00

(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 494
Signed Carl Pitts Date 12-7-00

(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 494
Signed Carl Pitts Date 12-7-00

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