

STATE OF OREGON FEB 13 2001
WATER SUPPLY WELL REPORT

(as required by ORS 667.760)

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

WATER RESOURCES DEPT.
SALEM, OREGON

unio
50819

WELL I.D. # L 41360
START CARD # 128607

(1) OWNER:

Well Number L41360

Name Wilford Hamann
Address 105983 Hwy 237
City LaGrande 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 Reverse Rotary

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 250 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
28"	0	255	Bentonite	0	30	7500#

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other Overlapped & Poured

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 30 ft. to 255 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	115	.375	☒	☐	☒	☐
16"	115	180	.375	☒	☐	☒	☐
16"	240	250	.375	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method Chasen Wire Wrap
☒ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele. pipe size	Casing	Liner
115	115	.030		16"	Pipe	☒	☐
180	240	.030		16"	Pipe	☒	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time

Customer not wanting test, going to install existing pump 1 hr.

Temperature of water _____ 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: _____

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(9) LOCATION OF WELL by legal description:

County Union Latitude _____ Longitude _____
Township 25 N or S Range 39 E or W. WM.
Section 33 SE 1/4 SW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 237

(10) STATIC WATER LEVEL:

12' ft. below land surface. Date 1-19-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>Not known with Reverse Circ. Drilling Borehole full of water. app. 1200 G.P.M.</u>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
top Soil	0	8	
Brown Clay	8	17	
fine Sand	17	19	
Brown & Tan Clay	19	40	
fine to med Sand	40	44	
Brown Clay	44	60	
coarse Sand & small Gravel	60	63	
Brown Clay	63	67	
fine to med sand & small clay	67	75	
Brown Clay	75	80	
Brown Clay w/ streaks	80	105	
Sand at 84'			
med & coarse Sand	105	108	
Brown Clay w/ sand	108	120	
med to coarse sand w/ clay	120	185	
streaks & Gravel			
Brown Clay	145	154	
coarse Sand & small Gravel	154	165	

Date started 1-08-01 Completed 1-19-01

(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 [Signature] WWC Number 1505 Date 2-7-01

(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 [Signature] WWC Number 1506 Date 2-7-01

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

START CARD #

(1) OWNER:

Well Number L41360Name Wilford HamannAddress 15983 Hwy 237City La GrandeState ORZip 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 ft.Explosives used ☐ Yes ☐ No Type Amount

HOLE

SEAL

Diameter From To Material From To Sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☐ OtherBackfill 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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ PerforationsMethod ☐ ScreensType Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Lin
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump☐ Bailer☐ AirFlowing ☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

				1 hr.

Temperature of water 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 Latitude Longitude Township N or S Range E or W. WM.Section 1/4 1/4Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

 ft. below land surface.Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Brown Clay w/sand mix	1105	170	
Tan Clay	170	178	
Coarse Sand & Gravel	178	188	
Brown Clay	188	190	
Brown Clay w/sand - Gravel	190	197	
Coarse Sand & Gravel	197	220	
Brown Clay w/ Gravel	220	223	
Coarse Sand & Gravel	223	240	
Blue Clay & Sand gravel mix	240	242	
Blue Clay	242	255	

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Date started Completed

(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 Signed Date