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STATE OF OREGON
WATER SUPPLY WELL REGISTRATION RESOURCES DEPT.
(As required by ORS 517.765) SALEM, OREGON

WELL I.D. # 121347
START CARD # 1286028

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

(1) OWNER: Well Number _____
Name Kenneth Trakelson
Address 63578 Berkeley Lane
City La Grande State OR Zip 97130

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/condition) 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 287.7 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| 28" | 0 | 28' | Benbrite | 0 | 30' | 7500 #s |

How was seal placed: Method A B C D E
 Other Overbore
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 30' ft. to 278' ft. Size of gravel 3/8"

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|------|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing 16" | 12' | 78' | 355 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16" | 148' | 210' | 375 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16" | 220' | 250' | 375 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16" | 260' | 277' | 375 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Lines: _____

Final location of sheet(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Johnson Well Wrap
 Screens Type 2" Wellwrap Material 316 Steel

| From | To | Slot size | Number | Diameter | Telephone size | Casing | Lines |
|------|------|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 78' | 148' | 0.35 | | 16" | 2 1/2" | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 210' | 220' | 0.35 | | 16" | 2 1/2" | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 250' | 260' | 0.35 | | 16" | 2 1/2" | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailor Air Plugging
 Artesian

Yield gallons _____ Drawdown _____ Drill stem at _____ Time _____
1.5 gpm 1.5' 1.5' 1.5' 1.5' 1.5'

Whoever did not test W. H. B. E. L. A. (Grandson)
4/20/01

Temperature of water 60' 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 Murky Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Union Latitude _____ Longitude _____
Township 7 N or S Range 38 E or W. W.M.
Section 13 Sec. 1/4 NW 1/4
Tax Lot 3400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Berkeley

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 3-5-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28'

| From | To | Estimated Flow Rate | SWL |
|------------------------------------|----|---------------------|-----|
| <u>All Sand & Gravel below</u> | | | |
| <u>28'</u> | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------------|-----------|------------|-----|
| <u>Top Soil</u> | <u>0</u> | <u>11</u> | |
| <u>CLAY</u> | <u>11</u> | <u>28</u> | |
| <u>Gravel Sand & Gravel</u> | <u>28</u> | <u>278</u> | |
| <u>Strat of Clay</u> | | | |

Date started 2/19-01 Completed 3-5-01
(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 _____ WWC Number _____ 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.

Signed _____ WWC Number 1506 Date 3-13-01