

RECEIVED

STATE OF OREGON

WATER SUPPLY WELL REPORT NOV 02 2001

(as required by ORS 537.765)

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

(1) LAND OWNER

Name Peter Nilsson
 Address 65985 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 258 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	25	Bentonite	0	38	2500

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

☐ Other Over bore & pour

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

Gravel placed from 38 ft. to 295 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	12	78	.375	☒	☐	☒	☐
16"	98	128	.375	☒	☐	☒	☐
16"	158	178	.375	☒	☐	☒	☐
16"	218	258	.375	☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method Shrouded wire wrap

☒ Screens Type _____ Material mild steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
78	98	.030		16"		☒	☐
128	158	.030		16"		☒	☐
178	218	.030		16"		☐	☐

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

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>200</u>	<u>40</u>	<u>100'</u>	<u>1 hr.</u>

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: _____

WELL I.D. # 51042START CARD # 90204

(9) LOCATION OF WELL by legal description:

County Union Latitude _____ Longitude _____
 Township 2 N or S Range 39 E or W. WM.

Section 34 SW 1/4 SE 1/4

Tax Lot 13101 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 65985 Hwy 237

(10) STATIC WATER LEVEL:

15' ft. below land surface.

Date 10-26-01

Artesian pressure _____ lb. per square inch

Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
All gravels below			
MAR 15 2002			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	7	
Burnt Brown Clay	7	18	
Silt Sandstone	18	23	
Blue Clay	23	24	
Burnt Brown Clay	24	33	
Blue Clay	33	38	
Coarse Black Sand	38	41	
Sand & Brown Clay	41	67	
Coarse, yellow Brown Sand	67	70	
Burnt Brown Clay	70	85	
Small gravel & Brown Clay	85	123	
Blue Clay	123	127	
Brown Clay & Sand	127	130	
Small gravel & Sand	130	134	
Blue Clay	134	137	
Sand & Small Gravel	137	149	
Blue Clay	149	154	
fine to medium Black Sand	154	159	
Blue Clay	159	174	

Date started 10-18-01 Completed 10-26-01

(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.

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 1505

Signed _____ Date 10-31-01

UNIO
400

51042

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

WELL I.D. # L 50693
START CARD # 90204

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

(1) LAND OWNER Well Number L50693
Name Peter Nilsson
Address 15485 Hwy 237
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 _____ ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

		Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
Liner:						☐	☐	☐	☐
						☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

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

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

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing ☐ 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 Union Latitude _____ Longitude _____
Township 2 N or S Range 39 E or W. WM.
Section 37 SW 1/4 SE 1/4
Tax Lot 13101 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
Mud to fine Black sand	179	183	
Blue clay	183	188	
fine Black sand	188	191	
Blue clay	191	211	
fine sand	211	217	
Blue clay	217	220	
Burnt Brown clay	220	241	
fine Black sand	241	244	
Blue clay	244	252	
fine sand Black	252	254	
Blue clay	254	295	

RECEIVED
NOV 02 2001
WATER RESOURCES DEPT.
SALEM, OREGON

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.
WVC 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.
WVC Number _____
Signed _____ Date _____