

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 57732
START CARD # 153955

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

(1) LAND OWNER Well Number _____
Name LAYNE LINDLEY
Address 62153 MATHSON
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 225 ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>18"</u>	<u>0</u>	<u>13</u>	<u>CEMENT</u>	<u>63</u>	<u>75</u>	<u>10 SACKS</u>	
<u>16"</u>	<u>13</u>	<u>20</u>	<u>BENTONITE</u>	<u>0</u>	<u>19</u>	<u>37 SACKS</u>	
<u>11.8"</u>	<u>20</u>	<u>75</u>					
<u>10"</u>	<u>75</u>	<u>225</u>					

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:	<u>10"</u>	<u>+3</u>	<u>75</u>	<u>.25</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
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
	Yield gal/min	Drawdown	Drill stem at	Artesian
	<u>700</u>		<u>220</u>	
	<u>450</u>		<u>115</u>	
	<u>350</u>		<u>75</u>	
				Time
				<u>1 hr.</u>

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 ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County UNION Latitude _____ Longitude _____
Township 2 N or S Range 37 E or W. WM.
Section 34 NE 1/4 NE 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

27 ft. below land surface. Date 5/6/03
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>130</u>	<u>225</u>	<u>700 GPM</u>	<u>27</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>SOIL</u>	<u>0</u>	<u>3</u>	
<u>CLAY, GRAVEL &</u>	<u>3</u>	<u>-</u>	
<u>BOULDERS</u>	<u>-</u>	<u>13</u>	
<u>FRACTURED BASALT</u>	<u>13</u>	<u>62</u>	<u>27</u>
<u>BLACK BASALT</u>	<u>62</u>	<u>105</u>	
<u>RED CINDERS</u>	<u>105</u>	<u>108</u>	
<u>BLACK BASALT</u>	<u>108</u>	<u>131</u>	
<u>BROKEN BASALT</u>	<u>131</u>	<u>140</u>	
<u>FRACTURED BASALT</u>	<u>140</u>	<u>225</u>	<u>27</u>

RECEIVED

RECEIVED

MAY 21 2003

JUN 09 2003

WATER RESOURCES DEPT
SALEM, OREGONWATER RESOURCES DEPT
SALEM, OREGONDate started 4-28-03 Completed 5-6-03

(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 1775Signed [Signature] Date 5-7-03