

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.

(1) LAND OWNER Well Number _____
Name TOM BOWMAN
Address 63347 GEKELER LANE
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

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION: 320
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 320 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
26"	0	320	CEMENT	0	77	13 yds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other PUMP IN FROM BOTTOM TO TOP
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 77 ft. to 320 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	138	180	.250	☒	☐	☒	☐
16"	180	210	.250	☒	☐	☒	☐
16"	210	270	.312	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type Johnson Material M.S.

From	To	Slot size	Number	Diameter	Tele. size	Casing	Liner
138	180	.030		16"		☒	☐
210	260	.030		16"		☒	☐
270	320	.030		16"		☒	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
350 gpm	36'	100'	3 hr.

Flowing ☐ Artesian ☐ Air ☒ Pump ☐ Bailer ☐

Temperature of water 61° Depth of water found _____
Was a water analysis done? ☐ Yes ☐ No By whom _____
Did any strata contain water not suitable for use? ☐ Yes ☐ No Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

RECEIVED
MAR 28 2005
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 66050
START CARD # 172215

(9) LOCATION OF WELL by legal description:
County UNION Latitude _____ Longitude _____
Township 3 N or S Range 38 E or W. WM.
Section 10 SE 1/4 SE 1/4
Tax Lot 1503 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63347 GEKELER LANE

(10) STATIC WATER LEVEL:
18' ft. below land surface. Date 03-01-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
<u>ALL SANDS + GRAVEL BELOW 18'</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	8	
BLUE CLAY	8	15	
SAND, GRAVEL, RIVER ROCK	15	125	
BEN CLAY	125	132	
FINE BEN SAND, SM GRAVEL	132	181	
BEN CLAY, SANDSTONE	181	193	
SAND, SM GRAVEL	193	196	
BLUE CLAY	196	210	
FINE SAND, SM GRAVEL	210	227	
BLUE CLAY	227	232	
FINE-COARSE SAND, GRAVEL	232	261	
BLUE CLAY	261	272	
FINE SAND, SM GRAVEL	272	318	
BLUE CLAY	318	320	

Date started 2-23-05 Completed 3-03-05

(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 Kevin Charters WWC Number 1673
Date 3-21-05

(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 3/23/05