

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

WELL I.D. # L 80625
START CARD # 181638

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

(1) LAND OWNER Well Number 1
Name Dick Waide
Address 20711 E Euclid
City OTIS Orchards State WA Zip 99207

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 140 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	18	Bentonite	0	18	21
6"	18	145				

How was seal placed: Method A B C D E
 Other Dry Bentonite 3/8 Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	2	18	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	9	140	SOR26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 18

(7) PERFORATIONS/SCREENS
 Perforations Method Slotted Pipe
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
100	140	8"	86	1/8"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
26	129	145	1 HR

Temperature of water 53° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Union
Tax Lot 2506 Lot _____
Township 5 N or S Range 41 E or W WM
Section 22 NE 1/4 SW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) Off Hwy 203 - Catherine Creek Lane - 2 miles

(10) STATIC WATER LEVEL
16 ft. below land surface. Date 8/15/06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	145	20	16

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil boulders	0	3	
Boulders sand, gravel	3	6	
Sand gravel	6	10	
Red Clay, some boulders	10	16	
Basalt cracked W/B	16	82	16
Red basalt cracked W/B	82	98	16
Brown basalt cracked W/B	98	100	16
Erosion basalt W/B	100	145	16

Well Cased in 5 feet

Date Started 8/31/06 Completed 8/15/06

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 1837 Date 8/16/06
Signed Robert Russell

RECEIVED
AUG 21 2006