

WALL 50099 JUL 24 1996 WELL # L01173

STATE OF OREGON  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.765) WATER RESOURCES DEPT.  
 SALEM, OREGON

(START CARD) # 92095

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name WALLOWA School Dist  
 Address PO Box 425  
 City WALLOWA State OR Zip 97825

(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 200 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	10	Bentonite	0	19	8 sacks
8	10	200				

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

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: 8	0	118	3/8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	104	200-250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 8" 118'

(7) PERFORATIONS/SCREENS:

Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	190	5/8"	200	6"	6"	<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
60		200'	1 hr.

Temperature of water 50° 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 WALLOWA Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 1N N or S Range 42E E or W. WM.  
 Section 14 NE 1/4 NW 1/4  
 Tax Lot 5400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 315 First St  
WALLOWA OR

(10) STATIC WATER LEVEL:  
106 ft. below land surface. Date 7-16-96  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
168	193	60	106

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	3	
Brown Clay & Boulders	3	16	
Brown Clay & Gravel	16	165	
Red Rock Brown Clay	165	193	106
Broken Black Sand & Clay	193	200	106

Date started 7-13-96 Completed 7-16-96

(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 415  
 Signed Robert W. Stoffel Date 7-20-96