

RECEIVED

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

OCT 26 1998

Wall
50314

WATER RESOURCES DEPT.
SARASOTA, OREGON

WELL I.D. # L 26863

START CARD # 120609

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

(1) OWNER: Well Number 1
Name Joseph School District #6
Address P.O. Box W
City Joseph State OR Zip 97846

(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 128 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|----------|------|----|-----------------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 10" | 0 | 30 | well casing | 0 | 2' | |
| | | | Bentonite chips | 2 | 14' | 27 SACKS |
| | | | Cement grout | 14' | 30' | 30 SACKS |

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 _____

(6) CASING/LINER:

| Casing: | Diameter | From | To | Gauge | Material | | | |
|---------|----------|--------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | | Steel | Plastic | Welded | Threaded |
| | 6 | +1 1/2 | 55 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 12 | | 128 | 1 hr. |
| | | | |
| | | | |

Temperature of water 65 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 45° 33.589 Longitude 116° 50.113
Township 1N or S Range 48E or W. WM.
Section 16 SW 1/4 SW 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) LAST ROAD LEFT BEFORE
IMNABA BRIDGE coming FROM JOSEPH

(10) STATIC WATER LEVEL:
35 1/2 ft. below land surface. Date 9-25-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 63' TO 67'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|--------|
| 63' | 67' | 4 gpm | |
| 95' | 97' | 6 gpm | |
| 110 | 115 | 12 gpm | 35 1/2 |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--------------------------------|------|-----|--------|
| Brown top soil w/ large gravel | 0 | 4 | |
| Brown cemented sand | 4 | 9 | |
| Brown sand, gravel + boulders | 9 | 53 | |
| Blue basalt | 53 | 63 | |
| Reddish brown + blue basalt | 63 | 67 | |
| Blue cinders | 67 | 70 | |
| Hard blue basalt | 70 | 91 | |
| Reddish brown + blue cinders | 91 | 93 | |
| Blue cinders | 93 | 95 | |
| Blue fract. basalt w/ calcite | 95 | 97 | |
| Hard blue basalt | 97 | 110 | |
| Reddish brown + blue cinders | 110 | 115 | 35 1/2 |
| Brown fract. basalt | 115 | 117 | |
| Blue cinders | 117 | 128 | |
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Date started 9-22-98 Completed 9-25-98

(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 1231
Signed Robert W. Gorton Date 9-27-98