

STATE OF OREGON
WATER SUPPLY WELL REPORT WELL I.D.# 42274
(as required by ORS 537.765)

(START CARD) # 105398

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

(1) OWNER: Well Number 42274
Name Robert Kemp
Address PO Box 907
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 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>20</u>	<u>Cement</u>	<u>8</u>	<u>20</u>	<u>8 sacks</u>
			<u>Barbrite</u>	<u>0</u>	<u>8</u>	<u>5 sacks</u>
<u>6</u>	<u>20</u>	<u>120</u>				

How was seal placed: Method A B C D E
 Other Pumped Cement Poured Barbrite
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>6</u>	<u>12</u>	<u>120</u>	<u>25</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:		<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 6" 120'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
					<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>20</u>		<u>115'</u>	<u>1 hr.</u>

Temperature of water 52° 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 25 N or S Range 44E E or W. WM.
Section 25 SE 1/4 SW 1/4
Tax Lot 1913 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Woodland Drive Joseph OR

(10) STATIC WATER LEVEL:
95 ft. below land surface. Date 11-4-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
<u>80</u>	<u>85</u>	<u>5</u>	
<u>115</u>	<u>120</u>	<u>20</u>	<u>95</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Boulders & Gravel</u>	<u>0</u>	<u>115</u>	
<u>Boulders Sand Gravel</u>	<u>115</u>	<u>120</u>	<u>95</u>

Date started 11-3-98 Completed 11-4-98
(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.
WVC 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.
WVC Number 415
Signed Robert Kemp Date 11-5-98