

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 47967
START CARD # 137811

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

(1) LAND OWNER Well Number _____
Name WALLOWA School Dist #12
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 308 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	Cement	31	40	105 SACKS
8	40	308	Portland	0	21	13 SACKS

How was seal placed: Method A B C D E
 Other Portland Cement
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to NONE ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	12	154	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	67	217	250	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8" 154'

(7) PERFORATIONS/SCREENS:
 Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
167	247	3/16	300	6"	6"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
80 ⁺		300	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 53 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 1488 NW/4 NW 1/4
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) DIAMOND LANE WALLOWA

(10) STATIC WATER LEVEL:
114 ft. below land surface. Date 3-26-2001
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
290	308	80 ⁺	114

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay	0	3	
Clay & Gravel	3	50	
Heavy brown Clay Sand	50	75	
Clay & Gravel	75	148	
Upper LAV Basalt	148	170	
Lower Basalt Blank	170	205	
Upper LAV Basalt w/ clay	205	230	
Gravel Basalt	230	280	
Soft Red / Brown Clay	280	290	
Broken Brown Basalt	290	308	114

RECEIVED
MAR 30 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-21-2001 Completed 3-26-2001
(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 Mark J. King WWC Number 1737 Date 3-28-01

(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 Robert D. Stoffel WWC Number 415 Date 3-28-2001