

OCT 23 2002

STATE OF OREGON

WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 60096
START CARD # 146643

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

(1) LAND OWNER Well Number 2nd
Name JAMES Smejkal
Address 48142 NW PALACE DR
City BANKS, OR State OR Zip 97106

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12	0 38	Concrete	21 38	10	5 sacks
8	38 860	Bentonite	0 21	8	sacks

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	12	38	250	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 8' 38'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
<u>25 to 30</u>		<u>850</u>	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	<u>1 hr.</u>

Temperature of water 58° 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 35 N or S Range 45E E or W. WM.
Section 35 NW1/4 NW 1/4
Tax Lot 3708 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crow Creek Rd Above Gravel Pit Enterprise OR

(10) STATIC WATER LEVEL:
540 ft. below land surface. Date 10-10-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 830

From	To	Estimated Flow Rate	SWL
<u>830</u>	<u>860</u>	<u>30</u>	<u>541</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	3	
Black Basalt	3	45	
Fractured Black Basalt	45	70	
Red Clay + Soft Rock	70	90	
Fractured Black Basalt	90	160	
Red Clay + Soft Rock	160	205	
Fractured Black Basalt	205	410	
Fractured Red Basalt Clay	410	445	
Fractured Brown Basalt	445	570	
Vascular Basalt w/Clay	570	560	
Vascular Red Rock	560	590	
Fractured Black Basalt	590	730	
Vascular Black Basalt	730	810	
Fractured Brown Basalt	810	830	
Fractured Black Basalt	830	860	540

Date started 10-9-02 Completed 10-10-02

(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 Michael J. [Signature] WWC Number 1737 Date 10-19-02

(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 [Signature] WWC Number 415 Date 10-19-02