STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WALL 51252

3/29/2015

WELL I.D. LABEL# L 115396
START CARD # 211119
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name ROBERT Last Name PERRY
Company PERRY, ELIZABETH
Address 44343 268TH ST
City MARION State SD Zip 57043

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						○	○		

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 227.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
12	0	22	Bentonite	0	22	18	S
8	22	227			Calculated	12.48	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED BENTONITE
Backfill placed from ____ ft. to ____ ft. Material
Filter pack from ____ ft. to ____ ft. Material ____ Size
Explosives used: [ ] Yes Type ____ Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	8	X	2	22	.250	●	○	X	
○	●	4		7	227	.250	○	●	X	
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 22
Temp casing [X] Yes Dia 12 From 0 To 8

(7) PERFORATIONS/SCREENS

Perforations Method Saaw
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	187	227	.125	8	60	

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

○ Pump ○ Bailer ● Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75		225	1

Temperature 57 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WALLOWA Twp 1.00 S N/S Range 43.00 E E/W WM
Sec 3 ____ 1/4 of the ____ 1/4 Tax Lot 505
Tax Map Number Lot
Lat ° ' " or 45.50468889 DMS or DD
Long ° ' " or -117.43534167 DMS or DD
● Street address of well ○ Nearest address
CLARK LANE, LOSTINE 97857

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	2/4/2015			92

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 175.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
2/4/2015	175	227	75			92

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	3
Broken Brown Basalt w/clay seams	3	135
Red Rock	135	167
Fractured Brown Basalt	167	227

Date Started 1/29/2015 Completed 2/4/2015

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number Date

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1640 Date 3/29/2015

Signed JEFF STOFFEL (E-filed)
Contact Info (optional) Jeff Stoffel