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

WALL 51265

7/12/2015

WELL I.D. LABEL# L 115397
START CARD # 211121
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name NORMA Last Name TOUVE
Company
Address PO BOX 364
City WALLOWA State OR Zip 97885

(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 390.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	22	Bentonite	0	22	15	S
8	22	218			Calculated	10.04	
6	218	390					
					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
(•)	( )	6	[X]	2	214	.250	(•)	( )	[X]	[ ]
( )	(•)	4	[ ]	7	360	.250	( )	(•)	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 214
Temp casing [X] Yes Dia 10 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method Saw
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	320	360	.125	6	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)
6		360	1

Temperature 54 °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 N N/S Range 42.00 E E/W WM
Sec 15 NE 1/4 of the NE 1/4 Tax Lot 700
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(•) Street address of well ( ) Nearest address
106 N BEAR CREEK RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	3/16/2015		[ ]	122

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 180.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/17/2015	180	185	2		[ ]	122
3/18/2015	342	350	4		[ ]	122
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation

Material	From	To
Brown Clay Gravels & Boulders	0	222
Cemented Gravels	222	240
Brown Clays & Gravels	240	390

Date Started 3/16/2015 Completed 3/25/2015

(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 7/12/2015

Signed JEFF STOFFEL (E-filed)

Contact Info (optional) Jeff Stoffel