

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765)

Wall  
814

RECEIVED  
 JUL - 6 1995

25/45E/30 CC  
 (START CARD) # 74539

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

(1) OWNER: Well Number \_\_\_\_\_ SALE # \_\_\_\_\_  
 Name Joseph Timber Co Inc  
 Address PO Box 758  
 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 100 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	38	Cement	0	30	40 SACKS
8	38	100				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 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	97	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>NONE</u>						

Final location of shoe(s) 8" 97'

(7) PERFORATIONS/SCREENS:

Perforations Method Riv Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
63	95	5/16	200			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
150		90	1 hr.

Pump  Bailer  Air  Artesian

Temperature of water 51° 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 45E E or W. WM.  
 Section 30 SW 1/4 30 1/4  
 Tax Lot 1400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Airport Rd  
Joseph OR

(10) STATIC WATER LEVEL:  
28 ft. below land surface. Date 5-3-95  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 56'

From	To	Estimated Flow Rate	SWL
56	100	300	28

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY & GRAVEL	1	26	
GRAVEL 4/8	56	100	

Date started 4-28-95 Completed 5-3-95

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_ 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.  
 Signed Robert W. Stoffel WWC Number 415 Date 5-11-95