WALL 887

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WATER RESOURCES DEPT
SALEM, OREGON

01S/45E 10 4 CD

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

START CARD # 74512

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

(1) OWNER: Well Number _____

Name Circle (E) Cattle Co Inc

Address 68865 ELK MT Rd

City Enterprise State OR Zip 97828

(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 400 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
			N/A			
10	196	400				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	8"	165	385	.250	☑	☐	☑	☐
					☐	☐	☐	☐

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Torch

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	385	4X6	400	8"	8"	☐	☑
						☐	☐
						☐	☐
						☐	☐

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

☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
460	98		24 hr.

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 1S N or S Range 45E E or W. WM.

Section 4 SE 1/4 SW 1/4

Tax Lot 3700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

68865 ELK MT Rd Enterprise OR

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 10-5-95

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	85	60	7
116	128	140	7
240	400	250	7

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown Basalt with Breaks	196	400	7'

Date started 6-12-95 Completed 10-5-95

(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.

WWC Number _____

Signed _____ 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.

WWC Number 415

Signed Robert V. Stoffel Date 10-24-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER