

RECEIVED

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

WATER RESOURCES DEPT.

APR 24 1997 WELL I.D.# L07534

Wheeler
50057

(START CARD)# 93541

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number #1
Name CITY OF SPRAY
Address PO BOX 152
City SPRAY State OR Zip 97874

(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 56 ft.
Explosives used Yes No Type - Amount -

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16	0	25	CEMENT	4	25	29 SACKS
			BENTONITE	0	4	
10	25	51				

How was seal placed: Method A B C D E
 Other PLACED VIA TREMIE
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: 8	+3	51	.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 51'

(7) PERFORATIONS/SCREENS:

Perforations Method MACHINE CUT
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	51	1/4 x 4	720	8		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
100	10'		1 hr.

Temperature of water 52° 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 WHEELER Latitude ___ Longitude ___
Township 8 N or X Range 24 X or W. WM.
Section 36A N W 1/4 N E 1/4
Tax Lot 1700 Lot ___ Block ___ Subdivision ___
Street Address of Well (or nearest address) ASHER W EASEMETN

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 3-20-97
Artesian pressure - lb. per square inch. Date -

(11) WATER BEARING ZONES:
Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	50	100+GPM	9

(12) WELL LOG:
Ground Elevation ___

Material	From	To	SWL
SANDY TOP SOIL	0	8	
BROWN SANDY CLAY	8	25	
TAN CLAY & COARSE SAND	25	35	
COARSE SAND & GRAVELS	35	50	9
BLUE CLAYSTONE	50	56	

Date started 12-18-96 Completed 3-24-97

(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 David Santella WWC Number 1556
Date 4-16-97