

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

WHEELER
50157

MAR 2 2000

WELL I.D. # L 38332

STATION CARD # 91120

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Well Number L 38332

Name ALBERT M. GARRER
Address PO BOX 87 SIOGUE HWY 19-207
City SPRAY State OR Zip 97880

(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

Diameter	From	To	Material	From	To	Sacks or pounds
10"	GL	-18'	BENTONITE SL	-18'		9
6"	-18'	-100'				

How was seal placed: Method A B C D E

Other POURED & TAMPED

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: 5"	+4'	-19'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>none</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2.95 GAL/MIN	COMPLETE		1 hr.

Temperature of water 54° Depth Artesian Flow Found 50'

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: 2'

(9) LOCATION OF WELL by legal description:

County WHEELER Latitude _____ Longitude _____
Township X S N or S Range 23 E E or W. WM.
Section 27 SE 1/4 NW 1/4
Tax Lot 3004 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3 MILES NORTH

SHALDER CR RD OFF HWY 19-207 TURN LEFT WEST

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 2-26-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found -50'

From	To	Estimated Flow Rate	SWL
-50'	-52'	2.95 GAL/MINUTE	19

(12) WELL LOG:

Ground Elevation 2755

Material	From	To	SWL
SANDY LOAM	54'	-4'	
BLACK BASALT	-4'	-100'	-19'

Date started 2-7-00 Completed 2-26-00

(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 Ray Davis WWC Number _____ Date 2-26-00

(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 Francis Ray Davis WWC Number 1707 Date 2-26-00