

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

WELL I.D. # L 45992
 START CARD # 130841

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

(1) LAND OWNER Well Number 45992
 Name ALOHA MEDLOCK
 Address P.O. BOX 205
 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 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	9 1/2' - 18'	BERMONICA GA	9 1/2' - 18'		15 SACKS
6"	18' - 200'				

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"	71'	200'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	6'	200'		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None,
 Final location of shoe(s) 10" STEEL RING AT -15'

(7) PERFORATIONS/SCREENS:

Perforations Method sawed
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-260'	300'	3/4" X 4"	40			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2 gal	min	complete	1 hr.
			2 HR.

Temperature of water 56° Depth Artesian Flow Found -80'
 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 8.5 N or S Range 24 E E or W. WM.
 Section 25 1/4 SW 1/4
 Tax Lot 2808 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 32437 HW 19-207

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 3-3-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found -80'

From	To	Estimated Flow Rate	SWL
-80	-82	2 GAL MIN	29

(12) WELL LOG:
 Ground Elevation 1450

Material	From	To	SWL
LOAM	9 1/2'	-5'	
SAND	-5'	-10'	
BROWN CLAY STEM	-10'	-95'	-29
GRAY CLAY STEM	-95'	-270'	-29
GREEN CLAY STEM	-270'	-300'	-29

RECEIVED

MAR 08 2001

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 1-30-01 Completed 3-6-01

(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 3-6-01

(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 3-6-01