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6W/35E-2FBL

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 587.765)

MAY 14 1987

WATER RESOURCES DEPT.
STATE OF OREGON

(1) OWNER:

Name Robert V. Wood
Address RT #3 Box 145A
City Milton Freewater State OR Zip 97862

(9) LOCATION OF WELL by legal description:

County Umatilla Township 6 Section 24 Range 34 Meridian SE 1/4 NW 1/4
Longitude _____ Latitude _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(7) BORE HOLE CONSTRUCTION:

Depth of Completed Well 160 ft.
Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6	0 18	Cement	0 18	6

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:

Casing/Liner	Diameter	From To	Gauge	Steel		Plastic		Welded Threaded	
				Steel	Plastic	Welded	Threaded		
Casing	6	0 18	1.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(8) PERFORATIONS/SCREENS:

Perforations Method PERFORATOR
 Screens Type Howk Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
5	75	1/4 x 1/200				<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	95	1/4 x 1/100				<input type="checkbox"/>	<input type="checkbox"/>
135	140	1/4 x 1/100				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Pumping level	Drill stem at	Time 1/4 hr
<u>100</u>		<u>160</u>	<u>1 hr</u>

Temperature of water 54 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom None

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other NO

Depth of strata: _____

(10) STATIC WATER LEVEL:

8 ft. below land surface. Date 5-1-87
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Material	From	To	WB?	SWL
Silt	0	3		
Clay Sand + Silt	3	24		
Clay Fine Sand	24	65		
Med Gravel	65	75		
Clay Sand	75	90		
Gravel med	90	95		
Clay + Gravel	95	135		
Gravel	135	140		
Clay + Gravel	140	155		
Gravel	155	160		

OCT 14 2010

Date started 4-27-87 Completed 5-1-87

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Clarence Summers Date 5-1-87

Company Summers Well Drilling

T 11144