

RECEIVED

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

umat
53616

OCT 20 1999
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 34615
START CARD # 119924

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

(1) OWNER: Well Number _____
Name SP Malcom Trust, Steven S. or Patricia
Address 70831 Schroeder Rd. Malheur
City Pendleton State OR Zip 97801

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 1N N or S Range 32E E or W. WM.
Section 3 NW 1/4 NW 1/4
Tax Lot 501 Lot _____ Block _____ Subdivision Fieldcrest
Street Address of Well (or nearest address) 70831 Schroeder Rd. Pendleton, OR 97801

(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 470 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	20	Bentonite	0	20	33 sacks
10"	20	307	Cement	290	307	20 sacks
8"	307	470				

How was seal placed: Method A B C D E
 Other Top seal - poured 3/4" bentonite
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8"	0	307	236	<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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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
 Pump Bailor Air Flowing Artesian
Yield gal/min 80+ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 62° 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: _____

(10) STATIC WATER LEVEL:
207 ft. below land surface. Date 8-21-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 372

From	To	Estimated Flow Rate	SWL
372	385	25	207
432	439	25	207
455	470	80	207

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Cemented gravel	0	302	
Med hard brown basalt	302	305	
Med. brown basalt	305	365	
Red basalt with br clay	365	372	
Broken red basalt	372	385	WB
Med. hard brown basalt	385	392	
Dark hard basalt	392	410	
Med. brown basalt	410	412	
Dark hard basalt	412	422	
Broken red basalt	422	439	WB
Hard brown basalt	439	455	
Broken red basalt	455	470	WB

JUN 16 2014

SALEM, OR

Date started 8-13-99 Completed 8-21-99
(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 John Lee WWC Number 1669 Date 8-21-99

(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 Patrick Wallace WWC Number 1218 Date 8-30-99

