

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

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

WELL I.D. # L 43422
START CARD # 127919

(1) OWNER: Karen Applegate Well Number _____
Name Karen Applegate
Address Red P.O. Box 129
City Pendleton State Or. Zip 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:
☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 425 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	46	Port Com	46	0	18
8"	46	425				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	46	250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) NP

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							☐	☐
							☐	☐
							☐	☐
							☐	☐
							☐	☐

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

Pump	Bailer	Air	Flowing
☐	☐	☒	☐
Yield gal/min	Drawdown	Drill stem at	Time
50		425	1 hr.
45		375	
45		330	

Temperature of water 58°F Depth Artesian _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Yes ☐ No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4 N or S Range 32 E or W. WM.
Section 33 SE 1/4 SE 1/4
Tax Lot 7801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 77468 Campbell Rd Pendleton Or. 978

(10) STATIC WATER LEVEL:
89' ft. below land surface. Date 8-21-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 135'

From	To	Estimated Flow Rate	SWL
135	140	5	69
160	180	13	
230	235	15	
245	260	21	
360	365	30	

(12) WELL LOG: 400 425 50 81
Ground Elevation _____

Material	From	To	SWL
Soil	0	8	
Brown clay	8	30	
Brown Basalt Broken	30	40	
Black Basalt	40	65	
Brown Basalt	65	110	
Black Basalt	110	130	
Black Brown Basalt yellow clay stone	130	135	
Brown Basalt yellow clay stone	135	140	89
Black Basalt	140	145	
Black + Brown Basalt	145	180	89
Black Basalt	180	210	
Black Basalt w/yellow clay st	210	220	
Black Basalt	220	245	89
Black Basalt w/yellow clay st.	245	260	89
Black Basalt	260	360	
Black Basalt w/Blue Clay St	360	365	89
Black Brown Basalt w/Blue clay stone	365	385	

Date started 8-15-00 Completed 8-21-00

(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 James A. McCurdy WWC Number 1700 Date 8-21-00

(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 Larry Burt WWC Number 574 Date 8-21-00

WATER RESOURCES DEPT.
SALEM, OREGON

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