

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

WELL I.D.# L 44046  
 START CARD # W 163770

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

(1) LAND OWNER Well Number \_\_\_\_\_  
 Name MARGARET Rencken  
 Address 52494 Stateline Road  
 City Milton-Freewater State ORE Zip 97462

(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 135 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			or pounds
Diameter	From	To	Material	From	To	
	10	0	Chip Seal	0	21	27
	6	21			135	

How was seal placed: Method  A  B  C  D  E  
 Other Poured

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: 6	11	90	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	84	135	1.120	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 90

(7) PERFORATIONS/SCREENS:  
 Perforations Method Skull Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
86	135	1/4 x 7	200	5"	5"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1 10747

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100	10		5 hr.

Temperature of water 54° 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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 6  or S Range 35  or W. WM.  
 Section 16 NE 1/4 NE 1/4  
 Tax Lot 00200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 52494 Stateline Road

(10) STATIC WATER LEVEL:  
15 ft. below land surface Date 3-7-06  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 19

From	To	Estimated Flow Rate	SWL
19	33	15	17
120	135	150	15

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Soil	0	19	
Gravel water	19	33	17
Sand	33	76	
Gravel & Clay	76	120	
Gravel-water	120	135	15

Date started 2-24-06 Completed 3-7-06

(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.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.  
 WWC Number 1639  
 Signed Mike Handing Date 3-17-06

**6N/35E/16aa**  
**1575**

(START CARD) #

(1) OWNER: Well Number: \_\_\_\_\_  
 Name **R. G. Rencken**  
 Address **Rt 2 Box 193**  
 City **Milton Freewater** State **ORE** Zip \_\_\_\_\_

(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 \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes No Depth of Completed Well **180** ft.  
 Yes No    
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<b>12"</b>	<b>0</b>	<b>18</b>	<b>neatseal</b>	<b>0</b>	<b>18</b>	<b>16 sacks</b>
<b>8"</b>	<b>19</b>	<b>180</b>				

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
<b>8"</b>	<b>+1</b>	<b>180</b>	<b>.250</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_

Final location of shoe(s) **180**

(7) PERFORATIONS/SCREENS:

Perforations Method **cutting tooth + Mills Knife**  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Sub (pipe size)	Casing	Liner
<b>50</b>	<b>70</b>	<b>3/16"</b>	<b>160</b>	<b>8"</b>	<b>8"</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>70</b>	<b>175</b>	<b>3/16"</b>	<b>168</b>	<b>8"</b>	<b>8"</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing  
 Artesian  
 Yield gal/min **110** Drawdown **154** Drill stem at \_\_\_\_\_ Time **1 hr.**

Temperature of water **57°** 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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County **Umatilla** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **6N** Nor S, Range **35** E or W, WM.  
 Section **16** NE **NE**  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **Rt 2 Box 193**

(10) STATIC WATER LEVEL:  
**16'** ft. below land surface. Date **5-23-90**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **25'**

From	To	Estimated Flow Rate	SWL
<b>55</b>	<b>95</b>	<b>100</b>	
<b>99</b>	<b>118</b>	<b>10</b>	

(12) WELL LOG: Ground elevation **est 950'**

Material	From	To	SWL
<b>Brown dirt</b>	<b>0</b>	<b>18</b>	
<b>medium gravel</b>	<b>18</b>	<b>31</b>	
<b>black sand small gravel</b>	<b>31</b>	<b>46</b>	
<b>Brown clay</b>	<b>46</b>	<b>55</b>	
<b>med gravel</b>	<b>55</b>	<b>95</b>	
<b>Brown clay</b>	<b>95</b>	<b>99</b>	
<b>Brown clay med gravel</b>	<b>99</b>	<b>118</b>	
<b>Brown clay</b>	<b>118</b>	<b>125</b>	
<b>med gravel</b>	<b>125</b>	<b>138</b>	
<b>Brown clay sm gravel</b>	<b>138</b>	<b>140</b>	
<b>Brown clay med gravel</b>	<b>140</b>	<b>180</b>	

Date started **5-8-90** Completed **5-23-90**

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed **Raymond Harding** WWC Number **245**  
 Date **5-23-90**

(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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed **Raymond Harding** WWC Number **245**  
 Date **5-23-90**

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 DEC 11 2008  
 WATER RESOURCES DEPT  
 SALEM, OREGON

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