

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

(START CARD) # 53515

(1) OWNER: Well Number \_\_\_\_\_

Name DAVE BARK  
Address RT3 Box 129 N  
City Milton Freewater State ORE Zip 97862

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

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
	From	To			From	To		
10	0	48	48	Bentonite (chip)	0	48	48	28

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6	11	130	1.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5	120	172	1.20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method SKILL SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	173	1/2"	200	5"	1120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					125 PSI	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	13		1 hr.
			4

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  Murky  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 13 NW 1/4 NW 1/4  
Tax Lot 6N2-72C Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Box 129 N  
STATELINE Road

(10) STATIC WATER LEVEL:  
35 ft. below land surface. Date 10-6-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	70	5 gpm	60
126	138	15 gpm	40
144	153	15 gpm	35
158	172	40 gpm	35

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	34	
Blue clay	34	47	
Gravel	47	58	
Sand	58	70	60
Gravel - Trace Brown Clay	70	126	60
Gravel - water	126	138	40
Gravel - Trace Clay	138	144	35
Gravel - water	144	153	35
Gravel - Trace of Clay	153	158	35
Gravel - water	158	172	35

RECEIVED

MAY 17 2007

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 9-30-95 Completed 10-6-95

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_ 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Mike Handley WWC Number 1639 Date 10-12-95