

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

RECEIVED  
MAY 1 1989

MOORE 1484  
40/27E/30 ca

(START CARD) # \_\_\_\_\_

(1) OWNER:

Name STARR WOOD FARMS Well Number: \_\_\_\_\_  
Address PO BOX 951  
City UMATILLA State OR 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 130 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL				Amount
Diameter	From	To	Material	From	To	sacks or pounds	
18	0	136					

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
	76"	0	100	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16"	0	90	.375	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method PULL BACK

Screens Type JOANSON Material CARBON STEEL

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
90	130	.060		16"		<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
			1 hr.

Temperature of water \_\_\_\_\_ 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 MORROW Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4N N or S, Range 27E E or W, WM.  
Section 30 NE  $\frac{1}{4}$  SW  $\frac{1}{4}$   
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:

79 ft. below land surface. Date 9-7-88  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
90	130		79

(12) WELL LOG:

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

Material	From	To	SWL
SAND	0	100	
SAND & Pez GRAVEL	100	130	
DESALT BLOCK	130	136	

Date started 9-20-88 Completed 9-7-88

(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 Farry Burch WWC Number 544  
Date 9-7-88