

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

MORR 1660

RECEIVED

JUN - 7 1994

3N/26E/31
 (START CARD) # *53347*

WATER RESOURCES DEPT.

(1) OWNER: Port of Morrow Well Number _____
 Name _____
 Address Box 200
 City Boardman State OR Zip 97818

(9) LOCATION OF WELL by legal description:
 County Morrow Latitude _____ Longitude _____
 Township 3 N or S. Range 26 E or W. WM.
 Section 31 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Banking House Rd.

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>6</u>	<u>136</u>	<u>363</u>	<u>cement</u>	<u>0</u>	<u>136</u>	<u>42 sks</u>

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
<u>6</u>	<u>+1</u>	<u>136</u>	<u>250</u>	<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) 136

(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 25 Drawdown _____ Drill stem at 363 Time 1 hr.

Temperature of Water 58° 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:
180 ft. below land surface. Date 5-27-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 275

From	To	Estimated Flow Rate	SWL
<u>225</u>	<u>346</u>	<u>25</u>	<u>180</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Silt</u>	<u>0</u>	<u>14</u>	
<u>Cemented gravels</u>	<u>14</u>	<u>17</u>	
<u>Red Clay & gravels</u>	<u>17</u>	<u>36</u>	
<u>Tan Clay</u>	<u>36</u>	<u>65</u>	
<u>Brown Clay & gravels</u>	<u>66</u>	<u>74</u>	
<u>Cemented gravels</u>	<u>91</u>	<u>115</u>	
<u>Brown Clay</u>	<u>115</u>	<u>123</u>	
<u>Brown Basalt</u>	<u>123</u>	<u>128</u>	
<u>Black Basalt</u>	<u>128</u>	<u>168</u>	
<u>vesicular Basalt</u>	<u>168</u>	<u>205</u>	
<u>Black Basalt</u>	<u>205</u>	<u>275</u>	
<u>vesicular Basalt</u>	<u>275</u>	<u>305</u>	
<u>Red cladders</u>	<u>305</u>	<u>346</u>	
<u>Black Basalt</u>	<u>346</u>	<u>363</u>	

Date started 5-25-94 Completed 5-27-94

(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.
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 759
 Signed G. Pearson Date 5-27-94

