

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

MAY 21 1996

(START CARD) # W-68633

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

(1) OWNER: Morrow Co Amsonright Park Well Number _____
Name Morrow Co Amsonright Park
Address Courthouse
City Hepburn State OR Zip 97836

(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 425 ft.
Explosives used Yes No type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	22	PTD Cem	0	22	18
10	22	198				
8	198	281				
6	281	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: 10"	+2	22	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	+2	198	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	+2	281	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4 1/2"	265	425		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
385	425	1/2x10	320	4 1/2"	PVC		<input type="checkbox"/>	<input checked="" type="checkbox"/>
365	385	1/2x10	160	4 1/2"	PVC		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
8		290'	1 hr.
18		300'	
24		400'	

Temperature of water 52°F 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 55 N or S Range 26E E or W. WM.
Section 30 NE 1/4 NW 1/4
Tax Lot 2401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 14# lb. per square inch. Date 5-9-96

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

From	To	Estimated Flow Rate	SWL
701	407	24	14#

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	1	
Brown clay	1	3	
Broken Black Basalt	3	6	
Gray	6	22	
"	22	27	
clay Brown	27	30	
black Basalt	30	62	
Green clay	62	67	
black Basalt	67	85	
Green clay	85	91	
Black Basalt	91	95	
Pink Basalt	95	98	
Black Basalt	98	107	
Green clay	107	119	
Black Basalt	119	126	
White sandstone	126	129	
Green clay	129	139	
Black Basalt	139	152	
Green clay	152	176	
Black Basalt	176	181	

Date started 4-11-96 Completed 5-9-96

(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 1683
Signed Tony Bowmen Date 5-9-96

(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 544
Signed Gary Burd Date 5-9-96

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WATER SUPPLY WELL REPORT
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MAY 2 1996
PAGE 2 OF 2

TAGS NOT APPLICABLE
4-68633

WATER RESOURCES DEPT. (START CARD) #

SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Morrow County Anson High Park
Address Courthouse
City Happner State OR Zip 97836

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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	Material				Threaded
				Steel	Plastic	Welded		
Casing:				<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:				<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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"/>
							<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 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 5 S N or S Range 26 E E or W. WM.
Section 30 NE 1/4 NW 1/4
Tax Lot 2401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Black Basalt</u>	<u>181</u>	<u>195</u>	
<u>Green clay</u>	<u>198</u>	<u>210</u>	
<u>Black Basalt</u>	<u>210</u>	<u>220</u>	
<u>Green clay</u>	<u>220</u>	<u>223</u>	
<u>Black Basalt</u>	<u>223</u>	<u>276</u>	
<u>Blue clay</u>	<u>276</u>	<u>281</u>	
<u>Black Basalt</u>	<u>281</u>	<u>314</u>	
<u>Blue clay</u>	<u>314</u>	<u>316</u>	
<u>Black Basalt</u>	<u>316</u>	<u>360</u>	
<u>Gray Basalt</u>	<u>360</u>	<u>362</u>	
<u>Black Basalt</u>	<u>362</u>	<u>401</u>	
<u>Black Basalt/Bl/Cl/ST</u>	<u>401</u>	<u>407</u>	
<u>Black Basalt</u>	<u>407</u>	<u>425</u>	

Date started _____ Completed _____

(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 _____

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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 _____
Signed _____ Date _____