

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

MAR 25 1988
UMAT 3370
 WATER RESOURCES DEPT.
 SALEM, OREGON

UMAT
3370

5W/28E-17aa
 Record

(1) OWNER:

Name Veith Orchards Well Number: _____
 Address Rt 1 Box 23
 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

BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 66 ft.
 Explosives used Type _____ Amount _____

HOLE meter	From	To	SEAL		Amount sacks or pounds
			Material	From To	
<u>66</u>			N/A Disturbed		

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6</u>	<u>71</u>	<u>66</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 66

(7) PERFORATIONS/SCREENS:

Perforations Method Rotary Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>59</u>	<u>66</u>	<u>1/8</u>	<u>7</u>	<u>4</u>	<u>PIPE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>25</u>		<u>66</u>	<u>1 hr.</u>

Temperature of water 56 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 5N N or S, Range 28E E or W, WM.
 Section 17 NE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 3-8-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
<u>Installed 6" pipe to 66 ft below existing 8" casing 6 ft perforated 6" casing developed.</u>			

Date started 3-8-88 Completed 3-8-88

(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.
 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 _____
 Signed [Signature] Date 3-9-88

UMAT 3376

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone 922-5774

Name: Vieth Estate %

Mailing Address: 1800 Cherry Street

City: Umatilla State: OR Zip: 97882

WELL LOCATION:

UMAT 3370

County: Umatilla Latitude: _____ Longitude: _____

Township: 5N N or S, Range: 28 E or W Section: 17AA 1/4 1/4

Tax Lot Number: 700

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION: Not available

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 26372

RECEIVED
JUL 15 1998
WATER RESOURCES DEPT.
SALEM, OREGON