

RECEIVED

UMAT 4462  
6132

34E per G-11811  
6h/35E-2Feb

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

(1) OWNER: Well Number: 2  
Name Bev Jones  
Address 6 SE 15TH  
City Milton Free Water 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

BORE HOLE CONSTRUCTION:  
Special Construction approval Yes  No  Depth of Completed Well 146 ft.  
Explosives used  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
meter	From To	Material	From To	
8	0 27	Bentonite	0 27	16
8	27 146			

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
8"	72	110	0250	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 110

(7) PERFORATIONS/SCREENS:

Perforations Method Mills Knife  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	110	1/2 x 1/8	125			<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"/>

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

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
185	120		2 1/2 hr.

Temperature of water 54.0 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 Unitilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6N N or S, Range 35E E or W, WM.  
Section 24 NW 1/4 SA 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) RT3?

(10) STATIC WATER LEVEL:  
29 ft. below land surface. Date 11-5-87  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
65	146	180	29

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
BRN Silt	0	2	
BRN Silt w/2-3"	2	18	
Gravel			
Boulders w/ Gravel	18	35	
BRN Silt			
Tan cemented Gravel	35	60	
Gray Hard Pan w/ Boulders	60	65	
Sand & Gravel	65	67	29
BRN Hard Pan w/ Gravel	67	102	29
Blue Clay	102	103	
Loose Gravel	103	110	29
Brown Silt Cemented	110	146	29
Gravel			

Date started 12-5-86 Completed 10-5-87

(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 [Signature] WWC Number 756  
Date 10-5-87

(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 [Signature] WWC Number \_\_\_\_\_  
Date \_\_\_\_\_