

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

RECEIVED

UMAT
 4583

6N/35E-256

DEC - 9 1987

(1) OWNER: Name Harold Akes Well Number: WATER RESOURCES DEPT.
 Address Box 121 SALEM, OREGON
 City North of Freewater State OR 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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 175 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
14	0 25	Cement	0 25	24
18	25 180	N/A		

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	±1	99	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method N/A
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
2.50		175	1 hr.

Temperature of water 48° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 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 6 N 35 Range 35 E 25 WM.
 Section 25 NW 1/4 SW 1/4
 Tax Lot 1203 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5077E

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 11-30-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
70	75	500 GPM	40
120	180	2.50	35

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil + Gravel	0	6	
Clay Brn	6	12	
Cement Gravel	12	70	
Boulders	70	75	40
Gravel + Clay	75	90	
Cement Gravel	90	120	
" " + Boulders	120	134	
Cement Gravel w/Clay Soil	134	152	
" "	152	180	35

Date started 11-23-87 Completed 11-30-87

(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.
 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 575
 Signed Corenall Summer Date 11-30-87