

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

UMAT
 4923

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JUN 09 1988

6/35E-3/
deep - Record

(1) OWNER:
 Name Bill Wood PC
 Address Rt 2 Box 59
 City Milton Freewater State OR Zip 97862

Well Number: WATER RESOURCES DEPT
(9) LOCATION OF WELL by legal description:
 County WATKINS Longitude _____
 SALEM, OREGON
 Township 6 North, Range 35 East, WM.
 Section 34 C 0 ¼ 0 ¼
 Tax Lot 00500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
12	0 18	Cement	15 18	7	
		Barite	0 15	8	
8	18 265				

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	71 42	350	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>NO</u>						

Final location of shoe(s) 42

(7) PERFORATIONS/SCREENS:

Perforations Method None
 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"/>
					<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 150 Drawdown 218 Drill stem at 260 Time 1 hr.

Temperature of water 58° 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 NO
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 5-5-88
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
80	90	5.0 GPM	
145	152	4.0 GPM	
245	255	6.0 GPM	46

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Cement Gravel	12	253	46
Sand GRAV	253	265	

Date started 5-3-88 Completed 5-5-88

(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 575
 Signed Clarence Summer Date 5-25-88

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"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Bill Wondra
Rt #2 Box 56
Milton Freewater, OR 97862

Proposed Commencement Date 5-3-88

Proposed Well Depth 180, Diameter 8

and Use:

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other
- Irrigation

Proposed Well Location: County _____

Township 6 (N of S) Range 35 (E of W) Section 34

At least 2 of these must be provided

1. C 1/4 of 0 1/4 of above section
2. street address of well location _____
3. tax lot number of well location 00500
4. attach approved map with location identified. (see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x Bill Wondra
Owner's Signature

x Clarence L. Sumner
Bonded Water Well Constructor

owner
Title

License No. 575

May 3, 1988
Date

Company C.W. Summers Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.