

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

UMAT
 50169

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WELL I.D.# L 0153
 OIS/32E/08 DA
 (START CARD) # W 68656

FEB 25 1997

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

WATER RESOURCES DEPT.

(1) OWNER:

Name Ron Reaser
 Address PO Box 940
 City PILOT ROCK State OR Zip _____

Well Number _____

SALEM LOCATION OF WELL by legal description:

County Umatilla Latitude _____ Longitude _____
 Township 1S N or S Range 32E E or W. WM.
 Section 8 NE 1/4 3E 1/4
 Tax Lot 2404 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Ø

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	83	PT CEM	0	83	30 Seck
10	23	83				
8	83	430				

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:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	8"	42	83	1.25	<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 _____
 Screens Type _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

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WATER RESOURCES DEPT.
 SALEM, OREGON

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

Yield gal/min	Drawdown	Drill stem at	Time
50		325'	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 60 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: _____

(10) STATIC WATER LEVEL:

151 ft. below land surface. Date 6-24-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
378	380	40	151
400	405	50 +	151

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	2	
GRAVEL	2	18	
BRK BASALT	18	78	
BLECH BASALT	78	123	
BROWN "	123	138	
BLECH	138	362	
Black w/ ALU Basalt	362	378	
Black w/ ALU + WHT	378	380	
BLECH	380	400	
Black w/ ROD + ALU SS	400	405	
Black w/ ROD	405	420	
Black Basalt	420	430	151

Date started 6-17-96 Completed 6-24-96

(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 1588

Signed GREG DENNIS Date 6-24-96

(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 Jay Buel Date 6-24-96