

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

UMAT
50209

AUG 14 1996

WELL I.D.# 202570

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 89822

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

(1) OWNER: Steve & Jodi Hax Well Number _____
Name _____
Address 45731 Best Rd.
City Pendleton State OR Zip 97801

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	Cement	0	192	22 sacks
8"	25	192				
6"	192	600				

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: 6"	+1	192	.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) 192

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30 Drawdown _____ Drill stem at 600 Time 1 hr.

Temperature of water 62° 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 2N N or S Range 33E E or W. WM. _____
Section 32 SE 1/4 SW 1/4
Tax Lot 11507 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 45731 Best Rd.
Pendleton, OR 97801

(10) STATIC WATER LEVEL:
90 (rising) ft. below land surface. Date 7-25-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 448

From	To	Estimated Flow Rate	SWL
448	463	5	90
572	596	25	90

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay soil	0	3	
Brown clay with gravel	3	63	
Brown basalt	63	167	
Gray basalt	167	294	
Red & brown basalt	294	339	
Gray basalt	339	387	
Brown basalt	387	403	
Gray basalt	403	448	
Brown & black basalt	448	463	WB
Gray basalt	463	572	
Black basalt with green soapstone	572	596	WB
Gray basalt	596	600	

Date started 7-23-96 Completed 7-25-96

(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 _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Patrick Wallace WWC Number 1218 Date 8-7-96