

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

UMAT
 50267

WELL I.D.# L02568

(START CARD) # 88702

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

(1) OWNER: Well Number _____
 Name Leonard A. Wells Sr.
 Address P.O. Box 1811
 City Fendleton 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 504 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	25	Cement	0	291	77 sacks
10"	25	291				
8"	291	504				

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"	0	291	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>

Liner: _____

Final location of shoe(s) 291

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 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"/>

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 WATER RESOURCES DEPT.
 SALEM, OREGON

(8) WELL TESTS: Minimum time is 1 hour

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>60+</u>		<u>504</u>	<u>1 hr.</u>

Temperature of water 65° 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 1N N or S Range 32E E or W. WM.
 Section 3 NW 1/4 NW 1/4
 Tax Lot 100 Lot 18 Block 1 Subdivision _____
 Street Address of Well (or nearest address) Fieldcrest Add.
Fendleton, OR 97801

(10) STATIC WATER LEVEL:
165 ft. below land surface. Date 9-13-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 404

From	To	Estimated Flow Rate	SWL
<u>404</u>	<u>430</u>	<u>20</u>	<u>165</u>
<u>450</u>	<u>491</u>	<u>40+</u>	<u>165</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Brown clay with gravel</u>	<u>0</u>	<u>181</u>	
<u>Black basalt, broken</u>	<u>181</u>	<u>267</u>	
<u>Red + brown basalt</u>	<u>267</u>	<u>283</u>	
<u>Gray basalt</u>	<u>283</u>	<u>346</u>	
<u>Red basalt</u>	<u>346</u>	<u>353</u>	
<u>Gray basalt</u>	<u>353</u>	<u>404</u>	
<u>Brown basalt, broken</u>	<u>404</u>	<u>430</u>	<u>WB</u>
<u>Gray basalt</u>	<u>430</u>	<u>450</u>	
<u>Black basalt</u>	<u>450</u>	<u>491</u>	<u>WB</u>
<u>Brown basalt</u>	<u>491</u>	<u>498</u>	
<u>Gray basalt</u>	<u>498</u>	<u>504</u>	

Date started 9-11-96 Completed 9-13-96
 (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.
 WWC Number 1218
 Signed Patrick Wallace Date 9-30-96