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OCT 31 1996

WELL I.D.# 208538

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

WATER RESOURCES DEPT.

(START CARD) # 76272

Instructions for completing this report are on the last page of this form
SALEM, OREGON

(1) OWNER: Well Number _____
Name Barry Carter
Address 365 Carter Dr.
City Aermiston State OR Zip 97838

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bentonite	0	20	18 sacks
8"	20	74	Cement	62	74	5 sacks
6"	74	300				

How was seal placed: Method A B C D E
 Other Top seal-poured 3/8" bentonite
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	74	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) 74

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 45+ Drawdown _____ Drill stem at 300 Time 1 hr.

Temperature of water 58° 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 5N N or S Range 28E E or W. WM.
Section 34 SW 1/4 SW 1/4
Tax Lot N/A Lot 1 Block _____ Subdivision Eddemoor
Street Address of Well (or nearest address) Brenda Cart
Aermiston OR 97838

(10) STATIC WATER LEVEL:
126 ft. below land surface. Date 10-2-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 172

From	To	Estimated Flow Rate	SWL
<u>172</u>	<u>229</u>	<u>15</u>	<u>126</u>
<u>266</u>	<u>293</u>	<u>30+</u>	<u>126</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Sandy soil</u>	<u>0</u>	<u>2</u>	
<u>Sand</u>	<u>2</u>	<u>49</u>	
<u>Gravel</u>	<u>49</u>	<u>62</u>	
<u>Brown clay</u>	<u>62</u>	<u>68</u>	
<u>Gray basalt</u>	<u>68</u>	<u>172</u>	
<u>Brown & black basalt, soft</u>	<u>172</u>	<u>229</u>	<u>WB</u>
<u>Gray basalt</u>	<u>229</u>	<u>266</u>	
<u>Gray basalt with green soapstone</u>	<u>266</u>	<u>293</u>	<u>WB</u>
<u>Gray basalt</u>	<u>293</u>	<u>300</u>	

Date started 10-1-96 Completed 10-2-96

(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.

Signed _____ WWC Number _____ 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 10-12-96