

RECEIVED

UMAT 5050le

APR 30 1997

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

WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 096904

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

(1) OWNER: Well Number _____ Name VERNON COOK Address 245 DE MELU ST City HEALSTON State ORE Zip 97830

(2) TYPE OF WORK: [] New Well [] Deepening [] Alteration (repair/recondition) [X] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 137 ft. Explosives used [] Yes [X] No Type _____ Amount _____

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Handwritten entries: 13 1/2, 0, 500; 12, 500, 630; 8, 630, 1137.

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: See PROV Liner: LOG

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes checkboxes for Pump, Bailer, Air, and Flowing Artesian.

Temperature of water _____ 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 4 N or S Range 32 E or W. WM. Section 24 NW 1/4 SE 1/4 Tax Lot NA Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Includes a diagonal line across the table.

(12) WELL LOG: Ground Elevation _____

Table for well log with columns: Material, From, To, SWL. Handwritten entries: Filled with, GRAVEL POUR 1137 650, PORTLAND CEMENT TRACIE 650 625, GRAVEL POUR 625 228, CONCRETE POUR 228 18, CUT OFF CASING @ 23', Filled w Native SAND 23 0.

Date started 4-17-97 Completed 4-22-97

(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 ROY BOWMAN WWC Number 1683 Date 4-22-97

(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 Larry Burd WWC Number 544 Date 4-22-97