

AUG 7 1997

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

WATER RESOURCES DEPARTMENT
SALEM, OREGON

WELL I.D.# 412653

(START CARD) # 89836

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

(1) OWNER:

Well Number _____

Name Margaret Johnson
Address 2175 N 10TH RD
City Hermiston State OR Zip 97838

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude _____ Longitude _____
Township 4 N of S Range 28 E or W. WM.
Section 1 NE 1/4 NE 1/4
Tax Lot 601 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>21</u>	<u>Bentonite</u>	<u>0</u>	<u>21</u>	<u>1255</u>
<u>6</u>	<u>21</u>	<u>50</u>				

How was seal placed: Method A B C D E
 Other Dry granular
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:	<u>6</u>	<u>1</u>	<u>24</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>5</u>	<u>50</u>	<u>40</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 24

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>30</u>	<u>50</u>	<u>10/10</u>		<u>4 1/2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
<u>25</u>		<u>50</u>	<u>1 hr.</u>

Temperature of water 57° 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:

20 ft. below land surface. Date 7-14-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
<u>20</u>	<u>50</u>	<u>25</u>	<u>20</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Silt</u>	<u>0</u>	<u>4</u>	
<u>grey sand</u>	<u>4</u>	<u>50</u>	<u>20</u>

Date started 7-14-97 Completed 7-14-97

(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 _____ 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 ST Brown WWC Number 259 Date 7-16-97