

AUG 7 1997

UMAT

B-7380 (#3)

STATE OF OREGON WATER RESOURCES DEPT.  
WATER SUPPLY WELL REPORT

50614  
WELL I.D.# 412655

(START CARD) # 89839

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

(1) OWNER:

Well Number \_\_\_\_\_  
Name Mrs Raymond Perkins  
Address RT 3 BOX 3090  
City Hermiston 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 480

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			<u>NA</u>			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>5</u>	<u>16</u>	<u>480</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>440</u>	<u>480</u>	<u>1/4 x 1/8</u>	<u>120</u>	<u>1.20</u>	<u>PIPE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>75</u>		<u>480</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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 4 N or S Range 29 E or W. WM.  
Section 7 SW 1/4 NE 1/4  
Tax Lot unknown Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Loop Rd

(10) STATIC WATER LEVEL:

332 ft. below land surface. Date 7-30-97  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 332

From	To	Estimated Flow Rate	SWL
<u>463</u>	<u>480</u>	<u>75</u>	<u>332</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Removed 6" liner PVC from well.</u>			
<u>Cleaned case in well out to bottom at 480 ft</u>			
<u>Installed 463 ft of 5" liner &amp; developed -</u>			

Date started 7-28-97 Completed 7-30-97

(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 E. Brown WWC Number 759 Date 8-1-97