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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

WELL I.D. # L 20556

START CARD # 100729

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

(1) OWNER:

Well Number L20556

Name Rod Anderson
Address 4201 SW 28th Av
City Pondleton 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 395 ft.

Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter From To Material From To Sacks or pounds

8" 0 395 See Previous Log

How was seal placed: Method A B C D E

Other NA

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"/>
				<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:				<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"/>

Final location of shoe(s)

(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 Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>300 GPM</u>		<u>385</u>	<u>1 hr.</u>

Temperature of water 60° 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 2 N or S Range 32 E or W. WM.
Section 8 SW 1/4 NE 1/4
Tax Lot 1001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

18.3 ft. below land surface. Date 8/26/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found NA

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Brn Basalt w/clay stone</u>	<u>210</u>	<u>235</u>	
<u>Blk Basalt w/grey</u>	<u>235</u>	<u>257</u>	
<u>Blk " w/red scoria</u>	<u>257</u>	<u>272</u>	
<u>Soft Brwn w/yellow cl st</u>	<u>272</u>	<u>275</u>	
<u>Brown Basalt w/Blk Basalt</u>	<u>275</u>	<u>282</u>	
<u>Grey Basalt</u>	<u>282</u>	<u>286</u>	
<u>Brown Scoria</u>	<u>286</u>	<u>293</u>	
<u>Brown Basalt</u>	<u>293</u>	<u>298</u>	
<u>Grey Basalt</u>	<u>298</u>	<u>300</u>	
<u>Blk & Brown Basalt</u>	<u>300</u>	<u>302</u>	
<u>Brown Basalt</u>	<u>302</u>	<u>304</u>	
<u>Brown Scoria</u>	<u>304</u>	<u>310</u>	
<u>Brown basalt w/yellow cl st</u>	<u>310</u>	<u>315</u>	
<u>Brown Basalt</u>	<u>315</u>	<u>320</u>	
<u>Brown & black w/cl st</u>	<u>320</u>	<u>335</u>	
<u>Brown & black basalt</u>	<u>335</u>	<u>345</u>	
<u>Black Basalt</u>	<u>345</u>	<u>370</u>	
<u>Blk & Brn w/scoria</u>	<u>370</u>	<u>376</u>	
<u>Blk & Brn w/yellow</u>	<u>376</u>	<u>385</u>	
<u>Blk & Brn scoria</u>	<u>385</u>	<u>395</u>	

Date started 8/19/98 Completed 8/26/98

(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 James A McCurdy WWC Number 1700 Date 8-28-98

(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 Bump WWC Number 544 Date 8/27/98