

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

FEB 16 1999

UMAT
53238

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 119922

Instructions for completing this report are on the last page of this form. WELL I.D. # L29342

(1) OWNER: Well Number WP-291
Name Mark Lewis
Address P.O. Box 395
City Pendleton 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 405 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	194	Bentonite	0	60	31 sacks
8"	194	405	Cement	60	194	64 sacks

How was seal placed: Method A B C D E
 Other Top seal - packed 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: 8"	+1	194.250		<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) _____

(7) PERFORATIONS/SCREENS:

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 100+ Drawdown _____ Drill stem at 405 Time 1 hr.

Temperature of water 59° Depth Artesian Flow Found 342-405
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 2N N or S Range 33E E or W. WM.
Section 32 SE 1/4 SW 1/4
Tax Lot 11506 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) P.O. Box 395
Pendleton, OR 97801

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 12-15-98
Artesian pressure 8 lb. per square inch. Date 12-15-98

(11) WATER BEARING ZONES:
Depth at which water was first found 265

From	To	Estimated Flow Rate	SWL
250	305	5	0
342	405	100+	0

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy clay soil	0	4	
Sandy gravel	4	25	
Cemented gravel	25	40	
Brown clay with gravel	40	87	
Brown clay	87	132	
Brown clay with gravel	132	187	
Gray basalt	187	215	
Black basalt	215	250	
Black basalt with green soapstone	250	305	WR
Gray basalt	305	342	
Black & gray basalt with green soapstone	342	405	WR

Date started 12-9-98 Completed 12-15-98

(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.
WWC Number _____
Signed _____ 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.
WWC Number 1218
Signed Patrick Wallace Date 12-30-98