

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

UMAT
5330

UMAT 5330
WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # W-917009

1N/32E/2466

(1) OWNER: Well Number: _____
Name J PFF SHAW
Address RT 1 BOX 7600
City PILOT ROCK State OR Zip 97786

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other _____

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes ☐ No ☒ Depth of Completed Well 250 ft.
Explosives used ☐ Yes ☒ No ☐ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	37				
8	37	250	PT CEMENT	0	37	16

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other TRIMIE
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	42	37	250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method N/A
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian
Yield gal/min 100 Drawdown _____ Drill stem at 125' Time 1 hr.

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 1N Nor S, Range 32E E or W, WM. ☒
Section 24 NW 14 NW 14
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) RT 1 BOX 7600

(10) STATIC WATER LEVEL:
57 ft. below land surface. Date 11-3-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 195

From	To	Estimated Flow Rate	SWL
195	198	3	
205	225	100	
235	240	100 +	57

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	0	3	
CLAY	3	20	
BASALT	20	65	
BROWN	65	70	
BROWN	70	85	
BLACK	85	105	
GRAY	105	120	
BROWN	120	130	
GRAY	130	158	
RED	158	180	
BLACK	180	195	
BROWN	195	198	
BLACK	198	205	
RED	205	225	
BLACK	225	235	
BLACK	235	240	
GRAY	240	250	

Date started 11-2-89 Completed 11-3-89

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 544
Signed Jay Burel Date 11-3-89

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					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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						☐	☐
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						☐	☐
						☐	☐
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