

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

(1) OWNER: Well Number: #3
Name CITY OF ADAMS
Address P.O. BOX 20
City ADAMS State OR Zip 97810

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other ROTARY REVERSE AIR

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 1725 ft.
Explosives used Yes No Type Amount

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
18 0 46 NEAT
14 3/4 46 800 CEMENT 0 800 308 SKS
10 800 1725 NONE

How was seal placed: Method A B C D E
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: 12 71 800 1375
Liner: 10 780 800 1365
8 800 1147 1322

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
 Perforations Method MILL CUT
 Screens Type Material

From To Slot size Number Diameter Tele/pipe size Casing Liner
800 1147 4/3 9716 8"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min Drawdown Pump Drill stem at Time
300 157 560 1 hr. 30 min
500 239 560 1 hr + 30 min
700 358 560 17 hrs.

Temperature of water 69 Depth Artesian Flow Found
Was a water analysis done? Yes By whom CITY ENGINEER
Did any strata contain water not suitable for intended use? Too little NO
 Salty Muddy Odor Colored Other
Depth of strata:

(9) LOCATION OF WELL by legal description:
County UMATILLA Latitude Longitude
Township 3 N or S, Range 34 E or W, WM.
Section 4 NW 1/4 SE 1/4
Tax Lot 1201 Lot Block Subdivision
Street Address of Well (or nearest address) ADAMS OR

(10) STATIC WATER LEVEL:
133 ft. below land surface. Date SEPT 15 89
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 1286

From	To	Estimated Flow Rate	SWL
1286	1299	50 GPM	133
1299	1376	75 GPM	133
1492	1503	100 GPM	133
1699	1725	500+ GPM	133

(12) WELL LOG: Ground elevation

Material	From	To	SWL
TAN CLAY	0	23	
GRAY BASALT	23	148	
BRN CLAY + BRN BASALT	148	166	
GRAY BASALT	166	200	
BLK BASALT	200	217	
GRAY BASALT	217	244	
GRN CLAY + BLK BASALT	244	269	
BLK BASALT	269	297	
BLK BASALT + GRN CLAY	297	336	
BLK BASALT	336	361	
BLK BASALT + GRN CLAY	361	528	
BLK BASALT	528	562	
GRAY BASALT	562	576	
BLK BASALT	576	609	
BLK BASALT HARD	609	640	
GRN CLAY	640	649	
BLK BASALT + GRN CLAY	649	667	
GRAY BASALT	667	748	
BLK BASALT + GRAY CLAY	748	763	
GRAY BASALT	763	878	
BLK BASALT + RED CLAY	878	883	
GRAY BASALT HARD	883	923	

Date started JULY 24 89 Completed SEPT 16 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 534
Signed Arnold E. Holman Date OCT 13 89

3N/34E/4d6
1492

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

PAGE 2 OF 2 WATER RESOURCES DEPT (START CARD) #

(1) OWNER:

Name CITY OF ADAMS
Address P.O. Box 20
City ADAMS State OR Zip 97810

Well Number: # 3

(9) LOCATION OF WELL by legal description:

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

(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 _____ ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<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"/>
					<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"/>
					<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"/>
						<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	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
BLK BASALT	923	990	
BLK BASALT + GRN CLAY	990	1000	
RED BASALT	1000	1005	
BLK BASALT	1005	1030	
GRAY BASALT	1030	1088	
BLK BASALT + GRAY CLAY	1088	1123	
GRAY BASALT HARD	1123	1145	
RED CLAY	1145	1161	
BLK BASALT	1161	1223	
BLK BASALT + RED CLAY	1223	1241	
GRAY BASALT	1241	1286	
BLK BASALT + GRAY CLAY	1286	1299	133
BLK BASALT	1299	1376	
BLK BASALT	1376	1492	
GRAY BASALT HARD	1472	1492	
BLK BASALT SOFT	1492	1503	133
BLK BASALT MED	1503	1672	
GRAY BASALT HARD	1672	1679	
BLK BASALT SOFT	1679	1725	133

Date started JULY 24 89 Completed SEPT 16 89

(unbonded) Water Well Constructor Certification:

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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 534
Signed Arnold E. Holman Date OCT 13 89



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for
Well ID Number

RECEIVED

FEB 14 2022

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): City of Adams
 Mailing Address: PO Box 20
 City, State, Zip: Adams, OR 97810
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Attn: Jeff Rost
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 3 N (North / South) Range: 34 E (East / West) Section: 4 NW 1/4 of the SE 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 1201 County UMatilla
 GPS Coordinates: 45.76695097, -118.57003734
 Street Address of Well, City: 670 Center Street, Adams, OR 97810
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Municipal
 Date Well Constructed (or property built): 9-16-1989 Total Well Depth: 1725 ft Casing Diameter: 12"
 Owner at time the well was constructed (if known): Same Well Report # (if known): UMAT 5331
 Other Information: _____

SUBMITTED BY (please print): Jeff Rost
 PHONE: 541-566-9380 EMAIL &/or FAX: adamscouncil5@wtechlink.us

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>2-14-22</u>	Well Report Number: <u>UMAT 5331</u>	Well Identification #: <u>L-145937</u>
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