

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

Umat
 53529

SEP 10 1999

WELL ID # L 33517
 START CARD # 122773

WATER RESOURCES DEPT.
 SALEM, OREGON

LOCATION OF WELL by legal description:

County: Umatilla Latitude: _____ Longitude: _____
 Township: 6N Range: 34E
 Section: 28 SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot: 3500 Lot: _____ Block: _____ Subdivision: _____
 Street Address of Well (or nearest address)
Alfalfa Field, Umatilla

(1) **OWNER:**
 Well Number: _____
 Name: Tim DeRuwe
 Address: 412 Gardena Creek Road
 City: Touchet State: WA Zip: 99360

(2) **TYPE OF WORK:** (repair/
 New Well Deepening Alteration/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 501
 Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	
20	0	60	Cement	0	60	176 sacks
17	60	198	Cement	158	198	88 sacks
		501				

How was seal placed: Method A B C D E
 Other bottom seal placed inside out
 Backfill placed from _____ to _____ Material _____
 Gravel placed from _____ to _____ Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16	+1	198	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

12	190	501	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Final location of Shoe(s): 501 shoe on lines

(7) **PERFORATIONS/SCREENS:**
 Perforations Method: Torch / Factory
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/pipe size	Casing	Liner
198	238	.75-8"	140	12	.250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
238	501	1/8-6"	1420	12	.250	<input type="checkbox"/>	<input checked="" 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 gpm	Drawdown	Drill Stem at	Time
2700		500	1 hr.

Temperature of water _____ Depth Artesian _____
 Was a water analysis done? _____ By whom _____
 Did any strata contain water not suitable for intended use? (explain)
 Depth of Strata: _____

(10) **STATIC WATER LEVEL:**
52.9 Ft. below land surface Date 8/12/1999
 Artesian pressure _____ lb. per sq. in. Date _____

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

From	To	Est. Flow Rate	SWL
104	109	35gpm	16'
164	501	2700gpm	52.9'

(12) **WELL LOG:** Ground Elevation: _____

Material	From	To	SWL
Top soil	0	7	
Silt brown some tan	7	45	
Gravel and clay conglomerate	45	63	
Silt gray some cobbles	63	104	
Gravels with coarse sand	104	109	WB
Silt gray	109	114	
Gravels conglomerate silt gray	114	143	
Basalt broken and clay gray	143	154	
Slate visicules light brown	154	164	
Basalt frac and vis black med	164	199	WB
Basalt small frac black med	199	212	WB
Basalt frac and vis black green	212	225	WB
Basalt frac black green	225	237	WB
Basalt vis gray	237	245	WB
Basalt frac vis gray hard	245	310	WB
Basalt frac vis black med	310	325	WB
Basalt frac gray hard	325	361	
Basalt frac weathered gray hard	361	369	
Basalt frac small gray med	369	386	WB
Basalt frac weathered gray med	386	391	WB
Basalt frac vis gray med	391	414	WB
Basalt frac vis black med	414	421	WB
Basalt frac black hard	421	434	
Basalt frac black green med	434	448	WB
Basalt frac black med	448	465	WB

Date Started: _____ Completed: _____
 (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 _____
 Signed _____ Date _____

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 SALEM, OREGON

STATE OF OREGON
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(1) OWNER: _____ Well Number: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

(2) TYPE OF WORK: _____ (repair/
 New Well Deepening Alteration/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 _____
 Explosives Used Yes No Type _____ Amount _____

HOLE			SEAL			sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ to _____ Material _____
 from _____ to _____ Material _____
 Gravel placed from _____ to _____ 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"/>

LINER:

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"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____

From	To	Slot Size	No.	Diameter	Tele/p 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"/>

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

Pump Bailer Air Flowing Artesian

Yield gpm	Drawdown	Drill Stem at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? _____ By whom: _____
 Did any strata contain water not suitable for intended use? (explain) _____

Depth of Strata: _____
 (9) LOCATION OF WELL by legal description:
 County: _____ Latitude: _____ Longitude: _____
 Township: _____ Range: _____
 Section: _____ 1/4 _____ 1/4
 Tax Lot: _____ Lot: _____ Block: _____ Subdivision: _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ Ft. below land surface Date _____
 Artesian pressure _____ lb. per sq. in. Date _____

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

From	To	Est. Flow Rate	SWL

(12) WELL LOG: _____ Ground Elevation: _____

Material	From	To	SWL
Basalt frac gray hard	465	474	
Basalt black med	478	501	

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 SALEM, OREGON

Date Started: 07/21/1999 Completed: 08/12/1999
 (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 1672 Date 9-9-99

ended) 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  WWC Number 1464
Date 9/9/99

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WATER SUPPLY WELL REPORT

UMAT 53529

Received Date 09/02/1999

(as required by ORS 537.765)

Well ID Tag # L 33517

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

Start Card # 122773

(1) OWNER Well Number _____
 Name **TIM DERUWE**
 Street **412 GARDENA CREEK RD**
 City **TOUCHET** State **W** Zip **99360**

(9) LOCATION OF HOLE By legal description
 County **Umatilla** Latitude _____ Longitude _____
 Township **6.00 N** Range **34.00 E** Subdivision _____
 Tax lot **3500** Lot _____ Block _____
 Section **28 SE 1/4 NW 1/4**
 Street Address of Well (or nearest address) **ALFALFA FIELD, UMAPINE** *Umatilla*
 MAP with location identified must be attached

(2) TYPE OF WORK
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(10) STATIC WATER LEVEL
52.9 Ft. below land surface. Date **08/12/1999**
 Artesian Pressure _____ lb/sq. in. Date _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger
 Other _____

(11) WATER BEARING ZONES
 Depth at which water was first found **104** ft.

From	To	Est. Flow Rate	SWL
104	109	35	59
164	501	2700	59

52.9

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

(5) BORE HOLE CONSTRUCTION
 Special Standards Depth of completed well **501** ft.
 Explosives Used Amount _____ Type _____

Diameter	From	To	Material	Begin Depth	End Depth	Material Amount	Units
20.00	0.00	60					
17.00	60.00	158	Cement	6.00	60.00	176.00	S
14.00	58.00	501	Cement	186.0	198.00	88.00	S

198 *158.0*

(12) WELL LOG Ground Elevation _____ ft.
enter all info

How seal placed: Method *Other bottom placed inside*
 Backfill placed from _____ ft. TO _____ ft. Material _____
 Filter pack from _____ ft. TO _____ ft. Size _____ in.

(6) CASING/LINER

Casing or Liner	Diameter	Begin Depth	End Depth	Gauge	Material	Construction	Location Of Shoe
C	16.00	0.00	198.00	.375	S		
L	12.00	90.00	501.00	.250	S		501

(7) PERFORATION/SCREENS

From	To	Slot Size Width	Slot Size Height	umber	Diameter	Size	asin	Method	ater
198	238	0.750	8.00	140	12.00	12.00	OR	L TOUCH	S
238	501	0.125	6.00	142	12.00	12.00	L	FACTORY	S

updated

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

Type	Yield	Units	Drawdown	Stem at	Duration
Air	<i>780.0 G</i>			500	1.0

Temperature of water **55** °F/C *Not listed* Depth artesian flow found _____ ft.
 Was water analysis done? *Not listed*
 By Whom? **TIM DERUWE** *Not listed*
 Did any strata contain water not suitable for intended use? Too Little Salty
 Mudd Odor Colored Other _____
 Depth of strata _____ ft.

Date started **7/21/99** Completed **8/12/99**
 (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 the best knowledge and belief.
 Signed By _____
 (bonded) Water Well Constructor Certification: WWC Number _____
 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 **1464**
 Signed By _____

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