

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

UMAT
 5358

RECEIVED

MAR 26 1990

6N/35E/36cd
 15973

(START CARD) #

(1) OWNER:
 Name Jack Mason
 Address Rt #1 Box 171F
 City Milton Freewater State OR Zip 97862

Well Number: **WATER RESOURCES DEPARTMENT**
DESCRIPTION OF WELL by legal description:
 SALEM, OREGON Umatilla
 County Umatilla Latitude _____ Longitude _____
 Township 6 N or S Range 35 E or W, WM.
 Section 36 SE SW 1/4
 Tax Lot 1803 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same

(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 103 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds		
Diameter	From To	Material	From To			
10	0	19	Bentonite	0	19	14
6	19	103				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	0	59	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/4	10	53	103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Sawed
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
63	103	1/8x6	160			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 60 Drawdown _____ Drill stem at 103 Time 1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
 Depth of strata: _____

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 2-12-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	85	20 GPM	35
98	103	40 GPM	35

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil & Gravel	0	6	
Gravel & Clay	6	38	
Cement Gravel	38	103	35

Date started 2-9-90 Completed 2-12-90

(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.
 Signed _____ WWC Number _____ 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.
 Signed Chasum Sumner WWC Number 575 Date 2-15-90