

UMAT
53695

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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 80593

START CARD # 127530

(1) OWNER Name Celeste Reeves Well Number _____
Address 7377 Hwy 331

City Tendleton State Oregon 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 205 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
6"	0	205	Cement/grout	0	100	32 bags
10"	0	100				
6"	100	205				

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/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded	Final location of shoe(s)	
									100'	100'
Casing	6	+2	100	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"/>		

(7) PERFORATIONS/SCREENS:

Perforations Method None
 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"/>

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

	<input checked="" type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input checked="" type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
PUMP	22	100		1 hr.
PUMP	15	162		1 1/2
Air	13		204	2

Temperature of water 58° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom Tribe Umatilla
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 2 N or S Range 33 E or W. WM.
Section 32 SW 1/4 SW 1/4
Tax Lot 11504 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
12.6 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
192	205	15	12.6

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	10"	0	
Cemented sand/gravel	3	26	
Broken Rock/clay	26	92	
Hard block basalt	92	100	
Hard basalt	100	151	
Hard gray basalt	151	161	
Med hard red basalt	161	192	12.6
Med hard black basalt	192	205	

RECEIVED

DEC 15 1999

RECEIVED

FEB 20 2007

WATER RESOURCES DEPT.
SALEM, OREGON

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-29-98 Completed 1-4-99

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Lyle O. Ames WWC Number 1719 Date 12/29/98

MAR 02 2007