

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

UMAT
 5378

RECEIVED

OCT 17 1988

6N/34E-22

(START CARD) # _____

(1) OWNER:
 Name Herb March
 Address Rt 1 Box 27
 City Miller Freewater State Ore Zip 97862

Well Number: _____
 (9) LOCATION OF WELL by legal description:
 County Umatilla Latitude 45-59' Longitude 118-32'
 Township 6 Nor S, Range 34 E or W, WM.
 Section 22 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 30' S 30' W of NE corner of 22

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	315				
20	0	26	Bentonite	0	26	300#

How was seal placed: Method A B C D E
 Other Grout pump.
 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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	12	0	303	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"/>

Final location of shoe(s) 303' 6"

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
57	288	7/8	440		3/8 x 8"	<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300 Drawdown 205 Drill stem at _____ Time 6 hr.

Temperature of water 59 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No 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:
 Depth at which water was first found 54

From	To	Estimated Flow Rate	SWL
54	71	10	30
139-145		50	27
223	229	200	25

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SWL
Topsoil + Brown clay	0	26	
Brown Cement Gravel	26	54	
fine Gravel 10 ppm. Brown	54	71	30
Brown Cement Gravel	71	84	
Brown clay	84	139	
Med Gravel cleaner			
Possibly water	139	145	27
Cement Gravel - Brown	145	180	
Brown clay	180	184	
Cement Gravel - Brown	184	218	25
Brown clay	218	223	
Med Gravel water clean	223	229	
Brown clay	229	231	
Cement Gravel - Brown	234	281	
Brown clay	281	292	
Blue clay tan clay	292	302	25
Blue clay	302	315	25

Date started Feb. 1 - 80 Completed March 17 - 80

(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 Lowell M. Markert WWC Number 265
 Date OCT 12 - 88

(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 Lowell M. Markert WWC Number 265
 Date OCT 12 - 88