

UMAT  
53885

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

WELL I.D. # L. 41905  
START CARD # 90529

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

(1) OWNER: Well Number \_\_\_\_\_

Name Ray Thomas  
Address 30528 Carolyn Ct  
City Helix State OR Zip 97122

(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 225  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Seals or joints	
10	0	23	Brandy	0	23	14	5K5
6	23	325	seam	25	115	12	5K5

How was seal placed: Method  A  B  C  D  E

Other Bestonite dry granule

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	Final location of shoe(s)
	6	11	106	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	106
Liner	4 1/2	25	325	40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(7) PERFORATIONS/SCREENS:

From	To	Shot size	Number	Diameter	Thickness	Casing	Liner	Material	Method
305	225	20	20	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>	SK-1	seam

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

Yield gain	Drawdown	Drill stem at	Time
50 ft		225	1 hr

Temperature of water 57° Depth Artesian Pressure \_\_\_\_\_

Was a water analysis done?  Yes  No By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use?  Yes  No 7/17/2000

Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5 or S Range 28 or W. WM.  
Section 34 SW 1/4 SW 1/4  
Tax Lot 102 Lot 6 Block \_\_\_\_\_ Subdivision Edgewood  
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

135 ft. below land surface. Date 7-14-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
215	247	10	135

(12) WELL LOG:

Material	From	To	SWL
SAND	0	43	
Small # gravel	43	74	
Blue clay	74	95	
Black Basalt	95	185	
Grey Basalt	185	215	
visicular Basalt	215	247	135
Blue clay	247	255	
Black Basalt	255	285	
visicular - Brown	285	325	
Red & Black			

**RECEIVED**

NOV 13 2000

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 7-10-00 Completed 7-14-00

(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 759  
Signed Ed Brown Date 7-14-00