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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 337.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on the back of this form.

WELL I.D. #1. 43424
START CARD # 127927

(1) OWNER: Well Number _____
Name Bob Downie
Address 1024 SW 30th
City Pendleton State OR Zip 99780

(2) TYPE OF WORKING
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Caisson 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 305'
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Remarks
12"	0	30	Red Cem	50	0	Seal at points
8"	30	305				

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:

Gauge	Diameter	Yards	To	Gauge	Steel	Plastic	Welded	Threaded
	8"	+2	30	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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					<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"/>

Fatal location of obstructions: NA

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tag/Log size	Casing	Linear
							<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"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gallons	Drawdown	Drill stem at	Time
100		300	
100		260	
100		220	

Temperature of water 60°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 2 Range 33 E or W. W.M. _____
Section 29 NW 1/4 NE 1/4
Tax Lot 300 Block _____ Subdivision _____
Street Address of Well (or nearest address) 72100
PETTAWA RD

(10) STATIC WATER LEVEL:
22' ft. below land surface. Date 9-1-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 15

From	To	Estimated Flow Rate	SWL
15	20	5	
20	25	15	22'
25	25	45	
250	260	100	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	10	
Brown Basalt Broken	10	15	
Black + Brown Basalt	15	20	
Black Basalt	20	25	
gray Basalt	25	30	
gray Basalt w/ yellow clay	30	35	
gray Basalt	35	40	
gray Basalt w/ Brown Clay	40	45	
gray Basalt	45	135	
gray Basalt w/ Blue Clay	135	140	
gray Basalt	140	250	
gray Basalt w/ Red Strata + Blue Clay	250	260	
gray Basalt	260	305	

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AUG 16 2001
WATER RESOURCES DEPT.

Dated/started SALEM, OREGON Completed 9-1-00
(undersigned) 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 James H. McCurdy WWC Number 1700
Date 9-1-00
(undersigned) 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 Jerry Blythe WWC Number 544
Date 9-1-00