

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

UMAT MAY 29 1990

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) #

6N/35E/16aa
1575

(1) OWNER: Well Number: _____
Name R. G. Rencken
Address Rt 2 Box 193
City Milton Freewater State ORE Zip _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	neat cement	0	18	16 sacks
8"	19	180				

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	Material			
					Steel	Plastic	Welded	Threaded
Casing	8"	+1	180	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) 180

(7) PERFORATIONS/SCREENS:
 Perforations Method Cutting tool + Mills Knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	(pipe) size	Casing	Liner
50	70	3/8"	16	4 1/4"	8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
70	175	3/8"	16	1 1/8"	8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 110 Drawdown 154 Drill stem at _____ Time 1 hr.

Temperature of water 57° 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 6N N or S, Range 35 E or W, WM.
Section 16 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Rt 2 Box 193

(10) STATIC WATER LEVEL:
16' ft. below land surface. Date 5-23-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
55	95	100	
99	118	10	

(12) WELL LOG: Ground elevation ext 950'

Material	From	To	SWL
Brown dirt	0	18	
medium gravel	18	31	
black sand small gravel	31	46	
Brown clay	46	55	
med gravel	55	95	
Brown clay	95	99	
Brown clay med gravel	99	118	
Brown clay	118	125	
med gravel	125	138	
Brown clay sm gravel	138	140	
Brown clay med gravel	140	180	

JUL - 5 1990
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Date started 5-8-90 Completed 5-23-90

(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 Raymond Harding WWC Number 245 Date 5-23-90

(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 Raymond Harding WWC Number 245 Date 5-23-90