

STATE OF OREGON
WATER WELL REPORT
as required by ORS 537.365)

UMAT 54162

(START CARD) # 63011

(1) OWNER: Well Number L13679
 Name Kelly Clark
 Address RT3 Box 204C
 City Milton Freewater State OR Zip 97862

(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 121 ft
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	60	CEMENT	0	60	40SKS

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	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	8	71	110	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 110'6"

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	3'		1 hr

Temperature of Water 54 Depth Artesian Flow Found _____
 Was a water analysis done Yes No 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 6 N or S Range 35E E or W WM _____
 Section 26 Block _____ Subdivision _____
 Tax Lot 1800 Block _____
 Street Address of Well (or nearest address) RT3 Box 204C
ME OR 97862

(10) STATIC WATER LEVEL:
10 ft below land surface Date 10-21-97
 Artesian pressure _____ lb per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 15'

From	To	Estimated Flow Rate	SWI
15	45	400	15
112	121	100+	10

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWI
Brd SILT + Gravel 2"-6"	0	40	15
Boulders + Sand	40	65	15
Blw cemented Gravel	65	101	15
Brown soft clay	101	110	15
Gravel 2"-6" Brown	110	121	10
Cemented			

RECEIVED
 APR 09 2001
 WATER RESOURCES DEPT
 SALEM, OREGON

Date started 9-10-97 Completed 9-22-97
 (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. Material used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____ WWC Number _____

(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 Sheryl Clark WWC Number 206
 Date 10-21-97