

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

UMAT 5449 **UMAT 5449** - 2 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON (START CARD) #

1N/32E/366
 W-19728

(1) OWNER: Well Number: _____
 Name Anthony and Patricia Moreno
 Address 716 S. W. 28 th
 City Pendleton, Ore. State _____ Zip 97801

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	18	Ptd cem	0	18	12
10	18	435				

How was seal placed: Method A B C D E
 Other Tremie
 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			
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	10	0	18	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8	+2	372	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) 372

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
292	312	1/4x5	20			<input type="checkbox"/>	<input type="checkbox"/>
332	352	1/4x5	20			<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
 30 _____ 225 1 hr.
 70 _____ 250
 100 _____ 275

Temperature of water _____ 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 Umat Latitude _____ Longitude _____
 Township 1 N Nor S, Range 32E E or W, WM.
 Section 3 NW 1/4 NW 1/4
 Tax Lot _____ Lot 3 Block 2 Subdivision Fieldcrest
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
189 ft. below land surface. Date 6-22-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
247	280	20	189
337	342	60	189
413	420	100	189

(12) WELL LOG: Ground elevation 1400

Material	From	To	SWL
soil	0	2	
cemented gravel	2	222	
brown basalt	222	322	
black basalt	322	337	
brown basalt	337	342	
black basalt	342	372	
black basalt#&@ \$!#	372	413	
black basalt w/clay stone	413	420	
black basalt	420	435	

Date started 5-24-90 Completed 6-22-90

(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.
 WWC Number 544
 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 544
 Signed Jerry Burd Date 6-22-90

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

(541)

Phone 276-7866

RECEIVED

Name: Anthony + Patricia Moreno

JUN 26 1996

Mailing Address: 716 S.W. 28th St

WATER RESOURCES DEPT
SALEM, OREGON

City: Pendleton

State: OR

Zip: 97801

WELL LOCATION:

County: Umatilla 5419

Latitude: _____

Longitude: _____

Township: 1 N or S, Range: 32 E or W Section: 3 NW 1/4 NW 1/4

Tax Lot Number: 400

Street Address of Well (if different from above): 5150 S.W. APPALOOSA LANE

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: 19728

Approx. Construction Date: 6-22-90

Well Constructor: LARRY BURD

Name of Owner at Time of Construction: Anthony + Patricia Moreno

Well Depth (in feet): 435'

Static Water Level (in feet): 189'

Diameter of Exposed Well Casing (in inches): 8"

Does this well have a formal water right associated with it? Yes: _____ No: If yes: working on it now.

Application #: G-12209

Permit #: G-11433

Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: _____

206555