

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

RECEIVED UMAT  
JUL 30 2001  
WATER RESOURCES DEPT  
SALEM, OREGON

54282  
UMAT  
54282

WELL I.D. # L 46663  
START CARD # 130158

(1) LAND OWNER

Name JOHN OWEN  
Address 69167 OWEN LANE  
City PILOT ROCK State OREGON Zip 97868

Well Number 46663

(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 445 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8"	136	445				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<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"/>	<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"/>

Drive Shoe used  Inside  Outside  None

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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

Yield gal/min	Drawdown	Drill stem at	Time
100 gpm		445'	1 hr.
15 gpm		360'	

Temperature of water 64' 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 UNATILLA Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 1 N or S Range 31 E or W. WM.  
Section 7 BA NE 1/4 NW 1/4  
Tax Lot 1000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 69167 Owen Lane  
Pilot Rock, OR 97868

(10) STATIC WATER LEVEL:

360 ft. below land surface. Date 06-22-01  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found NA

From	To	Estimated Flow Rate	SWL
355'	370'	25 gpm	
375'	405'	50 gpm	
425'	445'	100 gpm	360'

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BLACK & BROWN BASALT	136	165	
BROWN BASALT	165	175	
BLACK BASALT	175	195	
BROWN W/ CLAYSTONE	195	205	
BROWN BASALT	205	215	
BROWN (SOFT)	215	225	
BLACK BASALT	225	235	
RED BASALT	235	270	
BLACK BASALT	270	290	
BROWN BASALT	290	320	
BLACK BASALT	320	355	
BROWN BASALT	355	370	360
BLACK BASALT	370	375	
BROWN BASALT	375	405	360
BLACK BASALT	405	412	
BROWN (HARD)	412	420	
BROWN (SOFT)	420	425	
BLACK BASALT	425	445	360

Date started 06-21-01 Completed 06-22-01

(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.

Signed [Signature] WWC Number 1731  
Date 06-22-01

(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.

Signed [Signature] WWC Number 544  
Date 6-22-01