

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

WATER RESOURCES DEPT
SALEM, OREGON

UMAT
5476

3/28/89
8330

(START CARD) # 8330

(1) OWNER: Well Number: _____
Name Oregon State Highway Division
Address P.O. Box 459
City Pendleton State OR 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 95 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0 79	Cement	0 79	29 sacks
6"	79 95			

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	Steel/Plastic		Welded/Threaded	
					Steel	Plastic	Welded	Threaded
Casing: 6"	79	79	95	.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) 79

(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"/>
						<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 gal/min 50 Drawdown _____ Drill stem at 95 Time 1 hr.

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 Umatilla Latitude _____ Longitude _____
Township 3N N or S, Range 28E E or W, WM.
Section 1 SW $\frac{1}{4}$ NE $\frac{1}{4}$
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Interstate 84 near Stanfield

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 2-23-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	31	30	
65	69	40	
88	95	50	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown clay	0	10	
Brown clay & gravel	10	18	
Gravel	18	31	WB
Gray clay	31	50	
Gray basalt	50	65	
Soft brown basalt	65	69	WB
Gray basalt	69	88	
Soft brown basalt	88	95	WB

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APR 27 1989

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-16-89 Completed 2-23-89

(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 _____ WWC Number _____
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.
Signed Patrick C Wallace WWC Number 1218
Date 3-6-89