

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

UMAT
5512

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 AUG 22 1990

621354/34 6b

(START CARD) # 15985

(1) OWNER:
 Name Jim Waliser
 Address Rt #2 Box 226
 City Millard Freewater State OR Zip 97862

Well Number: _____

(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 20	Bentonite	1 20	20
8	20 180			

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	+1	59	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	140	180		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe 59

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	180	5/16	432			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 70 Drawdown _____ Drill stem at 180 Time 1 hr.

Temperature of water 57.0 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Clatsop Latitude _____ Longitude _____
 Township 6 North Range 35 East or West, W.M.
 Section 34 NW 1/4 NW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
42 ft. below land surface. Date 7-13-90
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
70	80	50	
145	150	10	
175	180	10	42

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sand & Gravel	0	12	
Gravel & Clay	12	34	
Cement Gravel	34	180	42

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JUN 27 1991

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 7-10-90 Completed 7-13-90

(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 _____ 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 Cherene Sumner WWC Number 575
 Date 7-16-90