

#5

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

UMAT
5537

RECEIVED

JUN 17 1991

2N/30E/12 bc

WATER RESOURCES DEPT (START CARD) # W-25263

(1) OWNER:

Name Quarter Circle D Ranch
Address Rt 2 Box 24A
City Echo, Stat Ore Zip 97826

Well Number: _____

(9) LOCATION OF WELL by legal description:

County umatilla Latitude _____ Longitude _____
Township 2N Nor.S. Range 30E E. or W. WM. _____
Section 12 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 414 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	Ptd Cem	0	18	8 sks
12	18	414				

How was seal placed: Method A B C D E
 Other Trimie

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	SEAL			
					Steel	Plastic	Welded	Threaded
Casing	12	0	18	.25	<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) _____

(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	Drawdown	Drill stem at	Time
600		250	1 hr.
300		150	

Temperature of water 65 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: _____

(10) STATIC WATER LEVEL:

-72 ft. below land surface. Date 6/5/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 90

From	To	Estimated Flow Rate	SWL
90	92	90	
156	168	250	
224	231	300	
276	291	425	72

(12) WELL LOG: 401 Ground elevation 600 SWL 900

Material	From	To	SWL
soil	0	3	
clay	3	7	
gray basalt	7	20	
brown basalt	20	52	
gray basalt	52	66	
black scoria	66	92	
gray basalt	92	156	
black scoria	156	169	
gray basalt	169	224	
gray basalt, broken	224	231	
gray basalt	231	276	
black scoria	276	291	
gray basalt	291	381	
red scoria	381	401	
black basalt	401	414	

Date started 5/30/91 Completed 6/6/91

(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 Perry Srorkamp WWC Number 1532 Date 6/5/91

(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 Larry Burd WWC Number 544 Date 6/5/91