

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. UMAT 55584

WELL I.D. # L 44041
START CARD # 183725(1) LAND OWNER
Name Boyd GATFIELD Well Number _____
Address 80155 STEEN ROAD
City WESTON State ORE Zip 97886

(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 163 ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
<u>12</u>	<u>0</u>	<u>19</u>	<u>NEAT Gmt</u>	<u>0</u>	<u>19</u>
<u>6</u>	<u>19</u>	<u>163</u>			

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:	<u>8</u>	<u>+1</u>	<u>19</u>	<u>250</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>30 +</u>		<u>160</u>	<u>1 hr.</u>

Temperature of water 60° 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 4 or S Range 35 or W. WM.
Section 2 NW 1/4 NE 1/4
Tax Lot 503 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address)

80155 STEEN ROAD

(10) STATIC WATER LEVEL:

1 ft. below land surface.Date 11-8-05

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 133

From	To	Estimated Flow Rate	SWL
<u>133</u>	<u>163</u>	<u>30+</u>	<u>1</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>6</u>	
<u>Cobbles & Gravel</u>	<u>6</u>	<u>9</u>	
<u>Broken Basalt</u>	<u>9</u>	<u>11</u>	
<u>Black Basalt</u>	<u>11</u>	<u>16</u>	
<u>Brown Basalt</u>	<u>16</u>	<u>18</u>	
<u>Black Basalt</u>	<u>18</u>	<u>40</u>	
<u>Black Basalt + Sandstone</u>	<u>40</u>	<u>50</u>	
<u>Black Basalt - Fractured</u>	<u>50</u>	<u>163</u>	

RECEIVED

RECEIVED

NOV 21 2005

FEB 13 2006

WATER RESOURCES DEPT
SALEM, OREGONWATER RESOURCES DEPT
SALEM, OREGONDate started 11-3-05 Completed 11-8-05

(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.

WWC Number _____

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1637Signed Mike Harding Date 11-16-05