

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

umat
5619

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JAN 20 1992

2N/33E/8cb

JAN - 8 1992

(START CARD) # *W-29306*

(1) OWNER:

Name *Clinton Fanning*
 Address *PO Box 485*
 City *Rendleton* State *ore* Zip *97801*

Well Number **WATER RESOURCES DEPT.**
SALEM, OREGON City *umatilla* Latitude _____ Longitude _____

(9) LOCATION OF WELL by legal description:

Township *2N* N or S. Range *33E* E or W. WM.
 Section *8* NW ¼ SW ¼
 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 *475* ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		SEAL		Amount sacks or pounds
	From	To	From	To	
<i>6</i>	<i>375</i>	<i>475</i>			

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
<i>NA</i>					<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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<i>30</i>		<i>470</i>	<i>1 hr.</i>
<i>30</i>		<i>425</i>	

Temperature of water *62* 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:

375 ft. below land surface. Date *12-11-91*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<i>440</i>	<i>455</i>	<i>30</i>	<i>370</i>

(12) WELL LOG:

Material	From	To	SWL
<i>Black Basalt</i>	<i>375</i>	<i>440</i>	
<i>Red Scoria</i>	<i>440</i>	<i>455</i>	
<i>Gray Basalt</i>	<i>455</i>	<i>475</i>	
<i>seal was not disturbed</i>			

Date started *12-9-91* Completed *12-11-91*

(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.

WWC Number *1532*
 Signed *PERRY STORHAMP* Date *12-12-91*

(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.

WWC Number *544*
 Signed *Jerry Burd* Date *12-12-91*