

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

02-17-2009

WELL LABEL # L 90299

START CARD # 1006302

(1) LAND OWNER

Owner Well I.D. _____

First Name TOM

Last Name RUGG

Company _____

Address PO BOX 209

City PILOT ROCK

State OR

Zip 97868

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 770.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	18	Bentonite	0	18	16	S
8	18	770					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POURED BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	8	☒	2	18	.25	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/ Screen	green	Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		770	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 1.00 S N/S Range 32.00 E E/W WM

Sec 15 SE 1/4 of the SE 1/4 Tax Lot 2201

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

45422 STEWART CREEK RD

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	02-17-2009		57

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 130

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-17-2009	130	140	20		57
02-17-2009	768	770	800		57

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	2
CEMENTED GRAVEL	2	6
BROWN BASALT	6	75
BLACK BASALT	75	130
BROWN BASALT W/TAN CLAYSTONE	130	140
BLACK BASALT	140	200
BLACK BASALT W/GREEN CLAYSTONE	200	235
BLACK BASALT	235	260
BLACK BASALT W/GREEN CLAYSTONE	260	295
BLACK BASALT	295	420
BLACK BASALT W/GREEN CLAYSTONE	420	460
BLACK BASALT	460	555
BLACK BASALT W/GREEN CLAYSTONE	555	580
SOFT BLACK BASALT	580	600
BLACK BASALT W/GREEN CLAYSTONE	600	630
BLACK BASALT	630	665
BLACK BASALT W/GREEN CLAYSTONE	665	695
BLACK BASALT	695	725
BROWN W/TAN CLAYSTONE	725	740

Date Started 02-13-2009

Completed 02-17-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1735

Date 02-17-2009

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 544

Date 02-17-2009

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)

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