

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

04-02-2009

WELL LABEL # L 100181

START CARD # 1006495

(CORRECTED)
(6)

(1) LAND OWNER Owner Well I.D. _____
First Name JAMES Last Name MCKNIGHT
Company _____
Address PO BOX 1334
City BOARDMAN State OR Zip 97818

(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 154.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Bentonite	0	18	15	S
10	18	58	Cement	38	58	5	S
7.5	58	154					

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 Stil Plstc Wld Thrd
☒ ☐ 8 ☒ 2 58.18 .25 ☒ ☐ ☐ ☐

Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 58

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf S	Casing	Screen	Dia	From	To	Sern/slot	Slot	# of	Tele
creen	Liner					width	length	slots	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)

75		154	1

Temperature 68 °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 5.00 N S S Range 28.00 E E W WM

Sec 34 NE 1/4 of the SW 1/4 Tax Lot 901

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

80572 SUNSHINE LN

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening _____

Completed Well 04-01-2009 124

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 145

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-01-2009	145	154	75		124

(11) WELL LOG

Ground Elevation _____

Material	From	To
SAND	0	20
GRAVEL	20	25
BROKEN BLACK BASALT	25	35
BLACK BASALT	35	145
BROKEN BLACK/BROWN BASALT (CAVING)	145	154

RECEIVED

JUL 06 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 03-31-2009

Completed 04-01-2009

(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 04-02-2009

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 04-02-2009

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88