

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.763)

WELL ID. # L 102130
START CARD # 200417

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER: Cesario or Juliet Texidor
Well Number: _____
Name: Cesario or Juliet Texidor
Address: 75273 Moens Rd.
City: Adams State: OR Zip: 97810

(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 853 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
6"	800	853	N/A			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inner				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
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 Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
75		853	1 hr.

Temperature of water 67° 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 3N N or S Range 33E E or W. WM.
Section 28 NW 1/4 NE 1/4
Tax Lot 7204 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 75273 Moens Rd. Adams, OR 97810

(10) STATIC WATER LEVEL: Beginning static, 610ft.
630 ft. below land surface. Date 9-30-09
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 826

From	To	Estimated Flow Rate	SWL
826	853	40	630

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Deepening procedure: Existing 6" well, 800 ft. deep Original start cards, UMAT 1416 and UMAT 1415 Drilled metal out of hole and deepened to 853 ft.			
Gray basalt	800	826	
Black basalt with gray clay	826	853	WB

RECEIVED
JAN 04 2010
WATER RESOURCES DEPT
SALEM, OREGON

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SALEM, OREGON

Date started 9-25-09 Completed 9-30-09

(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.
Signed _____ WWC Number _____ 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.
Signed Patrick Wallace WWC Number 1218 Date 10-10-09



Oregon

Theodore R. Kulongoski, Governor

UMAT 56472

Water Resources Department

North Mall Office Building

725 Summer Street NE, Suite A

Salem, OR 97301-1266

503-986-0900

PLEASE DO NOT REMOVE THIS LETTER FROM THE WELL LOG FAX 503-986-0904

December 3, 2009

WALLACE DRILLING
PATRICK C WALLACE
1707 SW 18TH
PENDLETON, OR 97801

UMAT 56472

WATER SUPPLY WELL REPORT COMPLETION

Additional information is needed on the enclosed Water Supply Well Report(s). The report(s) need the information checked below.

(10) STATIC WATER LEVEL Please note date pre deepening static water level was measured.

Date started well, 9-25-09

Please return the corrected/completed Water Supply Report(s) within 30 days from the date of this letter. If you have any questions, please call me at (503) 986-0850. Thank you.

Sincerely,

Laurie Norton
Laurie Norton

Well Construction & Compliance Section

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JAN 04 2010

WATER RESOURCES DEPT
SALEM, OREGON

Returned 12-31-09

