

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

UMAT  
UMAT 5734  
5734

2N/30E/36a  
26420

(START CARD) #

(1) OWNER: Well Number: \_\_\_\_\_  
Name Theodore A. Hendrickson  
Address Rt 2 Box 29  
City Echo State OR Zip 97826

(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 219 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
<u>12</u>	<u>0</u>	<u>25</u>	<u>Cement</u>	<u>0</u>	<u>25</u>	<u>24</u> SKS
<u>8</u>	<u>25</u>	<u>219</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
<u>8</u>	<u>21</u>	<u>25</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_  
Final location of shoe(s) 25

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
Yield gal/min 500 Drawdown \_\_\_\_\_ Drill stem at 219 Time 1 hr.

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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 2N N or S, Range 30E E or W, WM.  
Section 3 NE 1/4 NW 1/4  
Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Rt 2 Box 29 Echo, OR

(10) STATIC WATER LEVEL:  
56 ft. below land surface. Date 9-3-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 118

From	To	Estimated Flow Rate	SWL
<u>118</u>	<u>132</u>	<u>200</u>	<u>56</u>
<u>203</u>	<u>214</u>	<u>300</u>	<u>56</u>

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Silt</u>	<u>0</u>	<u>9</u>	
<u>Brown Basalt</u>	<u>9</u>	<u>14</u>	
<u>Black Basalt</u>	<u>14</u>	<u>57</u>	
<u>Gray Basalt</u>	<u>57</u>	<u>82</u>	
<u>Red cinders</u>	<u>82</u>	<u>88</u>	
<u>Black Basalt</u>	<u>88</u>	<u>118</u>	
<u>Red cinders</u>	<u>118</u>	<u>132</u>	<u>56</u>
<u>Black Basalt</u>	<u>132</u>	<u>170</u>	
<u>Brown Basalt</u>	<u>170</u>	<u>203</u>	
<u>Red cinders</u>	<u>203</u>	<u>214</u>	
<u>Black Basalt</u>	<u>214</u>	<u>219</u>	

RECEIVED  
SEP - 8 1992  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 8-26-92 Completed 9-3-92

(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.  
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 well construction standards. This report is true to the best of my knowledge and belief.  
Signed J.P. Barum WWC Number 757 Date 9-4-92