

(1) OWNER: Well Number _____
 Name Arthur J. Falk
 Address P.O. Box 27
 City Pilot Rock State OR Zip 97868

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	59	Cement	0	59	24 sacks
8"	59	201				

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	
					✓				✓			
Casing:	8"	±1	59	.250								
Liner:												

Final location of shoe(s) 59

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250+		201	1 hr.

Temperature of Water 57.0 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 1S N or S. Range 32E E or W. WM. _____
 Section 21 SE $\frac{1}{4}$ SW $\frac{1}{4}$ _____
 Tax Lot 1601 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2 mi. from Pilot Rock, OR on S.E. Birch Creek

(10) STATIC WATER LEVEL:
102 ft. below land surface. Date 4-7-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 151

From	To	Estimated Flow Rate	SWL
151	168	50	102
168	201	200+	102

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Clay soil	0	2	
Brown clay & gravel	2	29	
Brown basalt	29	53	
Black basalt	53	151	
Black basalt with green soapstone	151	168	WB
Brown basalt with yellow soapstone	168	201	WB

Date started 4-5-93 Completed 4-7-93

(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 Patrick Wallace WWC Number 1218 Date 5-1-93