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STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

UMA 5925

RECEIVED

NOV - 5 1993

WATER RESOURCES DEPT.
SALEM, OREGON

W25311
4N/37E/10ab

(1) OWNER:

Owner's Well Number: _____

Name Fred Bierwagon

Address P.O. Box 1353

City Walla Walla State Wa Zip 99362

(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:

Depth of Completed Well 202 ft.

Special Standards date of approval NO

HOLE Diameter	From	To	SEAL Material	From	To	Amount (sacks or pounds)
10	0	20	Bent	0	20	
8	20	34	Cement	20	34	4
6	34	202				

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:	6	+1½	34	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method NONE

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
			½ hr
10		202	1 hr

Temperature of water 54° 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 NO

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude _____ ' " Longitude _____ ' "

Township 4 N ~~or~~ S, Range 37 E ~~or~~ W, WM.

Section 10 NW ¼ N ¼

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

+1 ft. below land surface. Date 10-25-93

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation _____

Material	From	To	WB?	SWL
Soil + Gravel	0	8		
Gravel + Boulders	8	14		
Boulders	14	20		
Basalt BRN	20	24		
" GRAY	24	63		
" BRN	63	71		
" GRAY	71	94		
" BRN	94	107		
" GRAY	107	179		
" GRAY FRAC	179	202		+1

Date started 10-19-93 Completed 10-25-93

(unbonded) Water Well Constructor Certification:

I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Clarence Sommers Date 11-2-93

Company C.W. Sommers Well Drlg Co. Job No. _____

9809C 10/85