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

JAN 24 1994

WATER RESOURCES DEPT.  
SALEM, OREGON

Umat  
5963

1S/32E/2/CC  
53399

(START CARD) #

(1) OWNER: Well Number \_\_\_\_\_

Name Craig M. Krasting  
Address P.O. Box 399  
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 300 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	29	Cement	0	29	166 sacks
6"	29	500				

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"	+1	29	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 29

(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 65+ Drawdown \_\_\_\_\_ Drill stem at 500 Time 1 hr.

Temperature of Water 58.0 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 SW  $\frac{1}{4}$  SW  $\frac{1}{4}$  \_\_\_\_\_  
Tax Lot 1501 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) East Birch  
Pilot Rock, OR 97868

(10) STATIC WATER LEVEL:  
114 ft. below land surface. Date 12-10-93  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 451

From	To	Estimated Flow Rate	SWL
451	489	65+	114

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Silty soil	0	1	
Clay with boulders	1	7	
Clay with gravel	7	19	
Brown basalt	19	24	
Gray basalt	24	64	
Red & brown basalt	64	91	
Brown basalt	91	115	
Gray basalt	115	124	
Red & brown basalt	124	152	
Gray basalt	152	323	
Brown basalt	323	331	
Gray basalt	331	451	
Red & brown basalt	451	489	WB
Gray basalt	489	500	

Date started 12-8-93 Completed 12-10-93

(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.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ 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.

WWC Number 1218  
Signed Patrick Wallace Date 12-31-93