

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

JAN 27 1994

MAR - 7 1994

WATER RESOURCES DEPT.

Well Number:

SALEM, OREGON

(1) OWNER:

Name E. Clark Zorba  
Address Rt #3 Box 128  
City Milton Freewater State OR Zip 97162

(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 125 ft.  
Explosives used Yes ☐ No ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |    | SEAL     |      |    | Amount<br>sacks or pounds |
|----------|------|----|----------|------|----|---------------------------|
| Diameter | From | To | Material | From | To |                           |
|          | 6    | 70 | 125      |      |    |                           |

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

Final location of shoe(s) \_\_\_\_\_

PERFORATIONS/SCREENS:

☐ Perforations Method None  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot<br>size | Number | Diameter | Tele/pipe<br>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

|                               |                                 |                                         |                                              |
|-------------------------------|---------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input checked="" type="checkbox"/> Air | <input type="checkbox"/> Flowing<br>Artesian |
| Yield gal/min                 | Drawdown                        | Drill stem at                           | Time                                         |
| 40                            |                                 | 125                                     | 1 hr.                                        |

Temperature of water 58° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done? ☐ Yes By whom NO  
Did any strata contain water not suitable for intended use? ☐ Too little  
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

WHITE COPIES - WATER RESOURCES DEPARTMENT

YELLOW COPY - CONSTRUCTOR

PINK COPY - CUSTOMER

9809C 10/86

RECEIVED

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5 N or S, Range 36 E or W, WM.  
Section 7 SW  $\frac{1}{4}$  SW  $\frac{1}{4}$   
Tax Lot 1800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Rt #1 Box 2  
Milton Freewater, OR 97162

(10) STATIC WATER LEVEL:

34 ft. below land surface. Date 1-5-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 80   | 85  | 4                   |     |
| 105  | 125 | 20                  | 34  |

(12) WELL LOG:

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

| Material    | From | To  | SWL |
|-------------|------|-----|-----|
| Basalt Gray | 70   | 80  |     |
| " GRN       | 80   | 92  |     |
| " GRAY      | 92   | 105 |     |
| " " FRAE    | 105  | 125 |     |

Date started 1-4-94 Completed 1-5-94

(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 Charmaine Sumner WWC Number 575  
Date 1-23-94