

STATE OF OREGON  
 WATER WELL REPORT WATER RESOURCES DEPT.  
 (as required by ORS 537.765) SALEM, OREGON

FEB 14 1994

UMATILLA  
 5973

2N/32E/1666

(1) OWNER: Owner's Well Number: \_\_\_\_\_  
 Name SAMUEL B JONES  
 Address SW 37 EXT Box 9  
 City PENDLETON State Oreg Zip 97801

(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 350 ft.  
 Special Standards date of approval NIL

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12"	0 18	CEMENT	0 18	10
8"	18 350			

How was seal placed? Method  A  B  C  D  E  
 Other NIL  
 Backfill placed from NIL ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from NA ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	0	18	.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) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method NA  
 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  Bailer  Air  Flowing Artesian  
 Yield gal/min 50 Pumping level \_\_\_\_\_ Drill stem at 350 Time 1 hr  
30 325

Temperature of water 58 Depth Artesian Flow Found NA  
 Was a water analysis done?  Yes By whom NA  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other NA  
 Depth of strata: NA

(9) LOCATION OF WELL by legal description:  
 County UMATILLA Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 2 N or S, Range 32 E or W, WM.  
 Section #16 NW 1/4 NW 1/4  
 Tax Lot 504 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SW 37 EXT

(10) STATIC WATER LEVEL:  
165 ft. below land surface. Date Aug 2-81  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

Material	From	To	WB?	SWL
Soil	0	4		
RIVER ROCK	4	10		
BLACK BASALT	10	80		
BROWN BASALT	80	95		
BLACK HARD BASALT	95	250		
GREY BASALT	250	290		
BLACK BASALT	290	310		
BROWN BORE BASALT	310	350		

Date started 8-1-81 Completed Aug 2-81

(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 Ladd Horn Date 8-3-81

(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 Ladd Horn Date 8-3-81

Company LADD HORN WELL DRILLING Co. Job No. \_\_\_\_\_