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

umat  
5983

RECEIVED  
MAR 21 1994  
WATER RESOURCES DEPT (START CARD) # 53334  
SALEM, OREGON  
4N/29E/6W

(1) OWNER: Well Number #2  
Name Walter Klippstein  
Address RT 5 Box 5229  
City Hermiston State OR Zip 97838

(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 49 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>20</u>	<u>CEMENT</u>	<u>0</u>	<u>20</u>	<u>6 SLS</u>
<u>6</u>	<u>20</u>	<u>49</u>				

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:	<u>6</u>	<u>71</u>	<u>19</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>-3</u>	<u>49</u>	<u>40</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:  
 Perforations Method 1  
 Screens Type PVC Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>29</u>	<u>49</u>	<u>.010</u>		<u>4 1/2</u>	<u>PIPE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 60 Drawdown \_\_\_\_\_ Drill stem at 49 Time 1 hr.

Temperature of Water 56° 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 4 N or S. Range 29 E or W. WM.   
Section 6 SE 1/4 NW 1/4  
Tax Lot 5700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:  
15 ft. below land surface. Date 2-12-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 15

From	To	Estimated Flow Rate	SWL
<u>15</u>	<u>49</u>	<u>60</u>	<u>15</u>

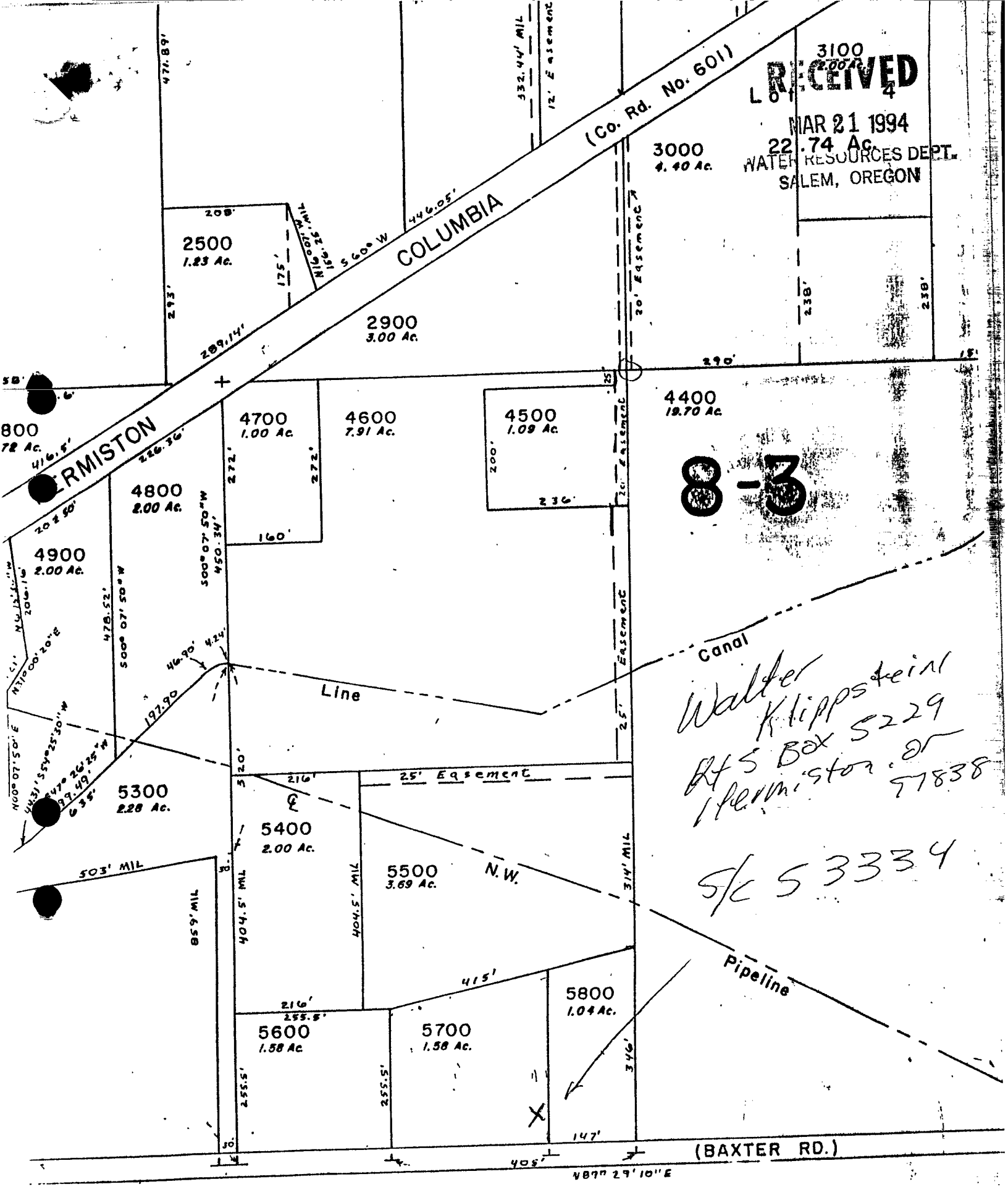
(12) WELL LOG:  
Ground elevation \_\_\_\_\_

Material	From	To	SWL
<u>Silt</u>	<u>0</u>	<u>5</u>	
<u>Course Black sand</u>	<u>5</u>	<u>45</u>	<u>15</u>
<u>Gravels &amp; silt</u>	<u>45</u>	<u>48</u>	
<u>soft Black Basalt</u>	<u>48</u>	<u>49</u>	

Date started 2-12-94 Completed 2-12-94

(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 [Signature] WWC Number 759  
Date 2-12-94



**RECEIVED**  
 MAR 21 1994  
 22.74 Ac.  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

**8-3**

Walter Klippstein  
 P.O. Box 5229  
 Permiston, OR 97838

S/C 53334