

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

Umat
5999

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APR 11 1994

5N/35E/1266
5333.8

WATER RESOURCES DEPT.

(START CARD) #

(1) OWNER:

Name *City of Milton Freewater*
 Address *PO Box 6*
 City *Milton Freewater* State *OR* Zip *97062*

Well Number *#1*

(2) LOCATION OF WELL by legal description:

County *Umatilla* Latitude _____ Longitude _____
 Township *5* N or S. Range *35* E or W. WM. _____
 Section *12* NW 1/4 NW 1/4 _____
 Tax Lot *06509* Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) *SE 9th*
of Mill St.

(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 *Municipal*

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well *584* ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	
<i>12</i>	<i>0</i>	<i>584</i>	<i>NA</i>			

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"/>
<i>NA</i>				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<i>NA</i>							

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
<i>NA</i>			

Temperature of Water _____ 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: _____

(10) STATIC WATER LEVEL:

228 ft. below land surface. Date *3-29-94*
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found *228*

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<i>Ran 12" stabilizers</i>			
<i>down well to</i>			
<i>straighten for</i>			
<i>lowering of</i>			
<i>turbine pump</i>			
<i>Cleaned well out</i>			
<i>to 584 ft.</i>			
<i>Stabilizers reamed</i>			
<i>off side of well</i>			
<i>584 ft is</i>			
<i>starting new hole</i>			

Date started *3-8-94* Completed *3-29-94*

(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.

WVC 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.

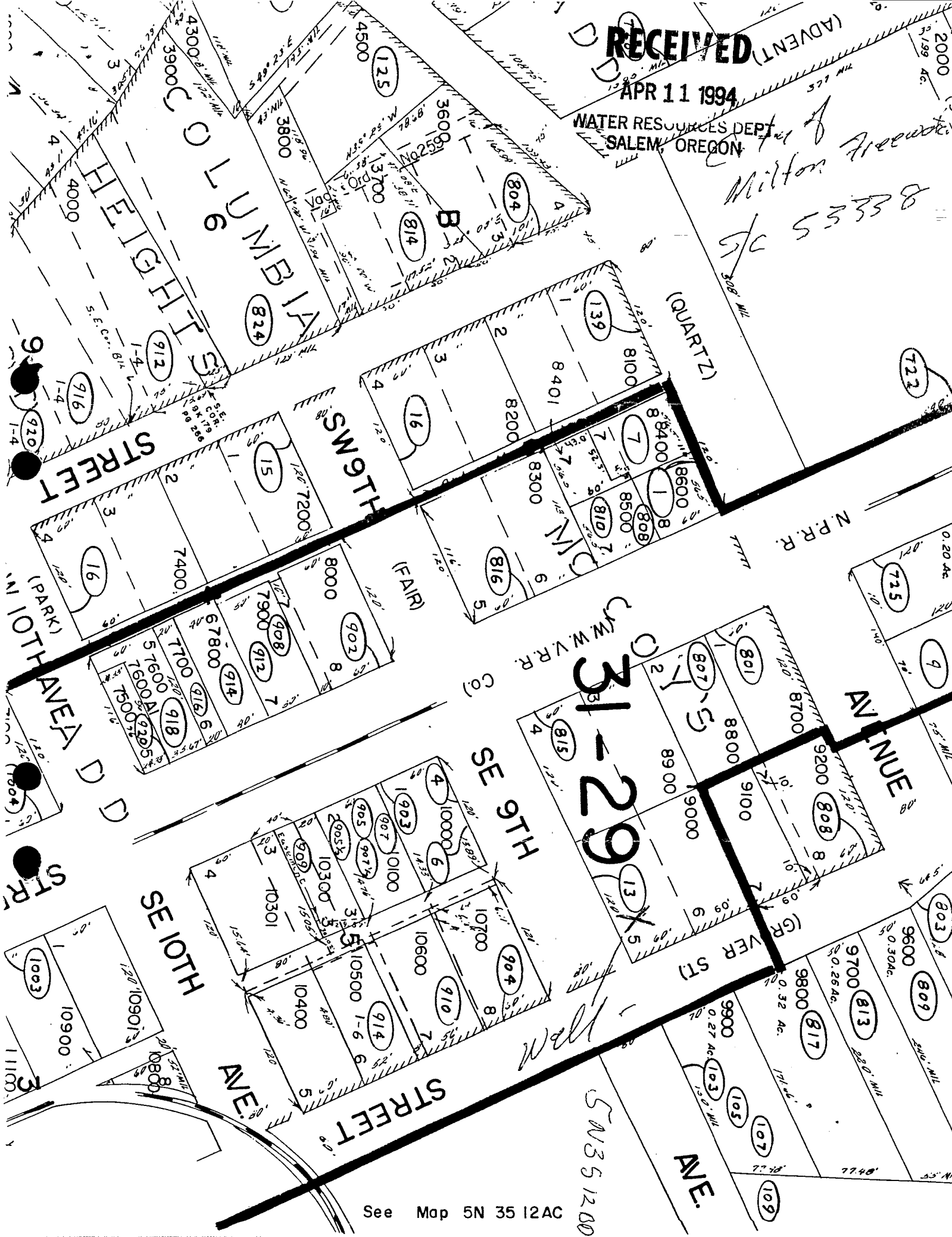
WVC Number *759*
 Signed *[Signature]* Date *3-31-94*

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WATER RESOURCES DEPT
SALEM, OREGON

Milton Freedman
55558



See Map 5N 35 12AC

5N35 12.00