

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

umat
6001

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APR 15 1994

18/32E/29

WATER RESOURCES DEPT. (START CARD) #

W-63725

Instructions for completing this report are on the last page of this form.

SALEM, OREGON

(1) OWNER: Well Number _____
Name FLOYD WILSON
Address BIRCH CREEK
City PILOT ROCK State ORE Zip 97868

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 410 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
15	0	18	PTD Cem	0	18	10
9 7/8	18	410				

How was seal placed: Method A B C D E
 Other TREMP
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: 10	+2	-18	.25	<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"/>

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000+		400	1 hr.

Temperature of water 62 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 15 N or S Range 32E E or W. WM.
Section 29 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 4-13-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 145

From	To	Estimated Flow Rate	SWL
145	187	80	15
221	230	100	}
257	280	300	
280	345	700	}
385	408	1000+	

(12) WELL LOG:
Ground Elevation 1840

Material	From	To	SWL
SOIL	0	3	
SAND	3	7	
GRAY BASALT	7	21	
BROWN BASALT	21	79	
BLACK BASALT	79	145	
RED	145	187	
Black	187	195	}
RED	195	205	
Black	205	221	
BROWN	221	230	
Black	230	257	
RED	257	280	
BROWN	280	348	
Black	348	385	
BROWN	385	408	
BLACK BASALT	408	410	

Date started 4-5-94 Completed 4-11-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed PERRY STORHAMP WWC Number 1532 Date 4-13-94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Larry Surd WWC Number 544 Date 4-13-94