

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

5
UMAT
6274

UMAT 6274

NOV 14 1994

4N/28E/34d
W-67906

(START CARD) #

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

(1) OWNER: Well Number _____
Name Double M Ranch
Address Rt 2 Box 5
City Stanfield State ore Zip 97875

(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 802 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	400				
8	400	802	see PREVIOUS LOG			

How was seal placed: Method A B C D E
 Other see PREVIOUS LOG
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	0	484	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
N/A								

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

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
300+		500	1 hr.

Temperature of water 68 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 4N N or S Range 28E E or W. WM.
Section 34 SW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
333 ft. below land surface. Date 11-3-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
655	723	200	333
790	800	300	333

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gray Basalt, caving	440	511	
Gray Basalt	511	527	
Gray Basalt, Broken	527	624	
Gray Basalt, caving	624	685	
Black Basalt, Broken	685	740	
Gray Basalt	740	790	
Black Basalt, Broken	790	800	

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JAN - 6 1995

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-14-94 Completed 11-3-94

(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.
WVC Number _____
Signed PERRY STORMAMP Date 11-3-94

(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.
WVC Number 544
Signed Jerry Burd Date 11-3-94