

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

5  
 UMAT  
 4288

DEC 13 1994

60N/35E/3466  
 (START CARD) # 63014

(1) OWNER: Well Number \_\_\_\_\_

Name Jack Slusarek  
 Address RT 2 Box 355  
 City Milton Freewater State OR Zip 97862

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or	pounds
16	0 60	BENTONITE	0 60	3300	
12	140 470	CEMENT	140 470	5800	lbs

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
12	+1	60	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	+2	470	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 470

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
200	100	520	1 hr.

Temperature of Water 53 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 6 N or S. Range 35 E or W. WM.  
 Section 34 NW 1/4 NW 1/4  
 Tax Lot 5002 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) RT 2 Box 355  
Milton Freewater OR

(10) STATIC WATER LEVEL:  
 \_\_\_\_\_ ft. below land surface. Date 10-19-94  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 62

From	To	Estimated Flow Rate	SWL
62	127	40	45
247	249	5	108
318	319	15	110
323	346	80	108

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown Soil Gravel	0	2	
Tan silt cemented gravel	2	20	
BW silt coarse gravel	20	26	
Tan silt cemented gravel	26	62	
BW silt cemented gravel	62	127	45
Grey silt cemented gravel	127	163	
Light tan cemented sand & gravel	163	192	
BW silt cemented gravel	192	240	
BW silt pea gravel soft	240	245	
Yellow tan clay w/ soft	245	247	
Finer sand tan silt	247	249	108
Dark BW silt cemented gravel	249	255	
Tan clay w/ pea gravel	255	257	
Yellow clay	257	296	
Yellow sand w/ mica fine w/ clay silt	296	301	
Tan sand w/ mica silt	301	318	
Grey silt coarse sand & gravel cemented	318	320	110
Silt fines sand w/ mica cement	320	322	
Sticky tan clay	322	330	
Blue clay sandy soil w/ mica	330	332	

Date started 8-16-94 Completed 10-19-94

(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.

WWC 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.

WWC Number 256  
 Signed [Signature] Date 10-19-94

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

*UMAT  
6283*

DEC 1 3 1994

*6N/35E/3466  
63014 pg. 2*

Page 2

(1) OWNER: Jack Susarenko  
 Name Jack Susarenko Well Number \_\_\_\_\_  
 Address RT 2 Box 355  
 City Milton Freewater State OR Zip 97862

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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"/>
				<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"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 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"/>

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

Pump  Bailer  Air  Flowing Artesian

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

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: \_\_\_\_\_

SALEM, OREGON  
 (9) LOCATION OF WELL by legal description:  
 County \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township \_\_\_\_\_ N or S. Range \_\_\_\_\_ E or W. WM. \_\_\_\_\_  
 Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

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

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

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
<i>Topsoil w/ Sand &amp; Gravel &amp; mica</i>	<i>0</i>	<i>398</i>	<i>108</i>
<i>Blue clay sticky soft</i>	<i>396</i>	<i>349</i>	
<i>Blue clay Basalt chunks</i>	<i>349</i>	<i>351</i>	
<i>Blue clay clay</i>	<i>351</i>	<i>389</i>	
<i>Blue clay Black sand chunk</i>			
<i>Basalt rock</i>	<i>389</i>	<i>420</i>	
<i>Blue clay Almost shale layers</i>	<i>420</i>	<i>432</i>	
<i>Smooth Blue clay Almost shale layers</i>	<i>432</i>	<i>445</i>	
<i>Black Basalt w/ clay streaks</i>	<i>445</i>	<i>456</i>	
<i>Broken Black Basalt</i>	<i>456</i>	<i>457</i>	
<i>Hard Black Basalt</i>	<i>457</i>	<i>465</i>	
<i>Decomposed Black Basalt</i>	<i>465</i>	<i>482</i>	
<i>Med Hard Black Basalt w/ green clay deposits fractured</i>	<i>482</i>	<i>520</i>	<i>108</i>
<i>Broken Black Basalt fractured &amp; vesicular</i>	<i>520</i>	<i>539</i>	
<i>Spores</i>	<i>539</i>	<i>544</i>	
<i>Hard Black Basalt</i>	<i>544</i>	<i>545</i>	<i>108</i>

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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:  
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 Signed \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_