

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

5 UMAT  
6366

RECEIVED

JUN 23 1995

6N/35E/34CB

WATER RESOURCES DEPT. (START CARD) # W-63747

W-63747

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

SALEM, OREGON

(1) OWNER:

Name FRANK WARD Well Number \_\_\_\_\_  
Address RT 2 BOX 54E  
City MILTON-FREEMAN State OR Zip 97862

(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 \_\_\_\_\_ ft.

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
			<u>PTD Cem</u>	<u>330</u>	<u>350</u>	<u>40 Sks</u>

How was seal placed: Method  A  B  C  D  E

Other TREMIE

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"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
<del>_____</del>										

(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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 6N N or S Range 35  or W. WM.  
Section 34 NW 1/4 SW 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:

120 ft. below land surface. Date 12-1-94

Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
			<u>120</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>The 8 INCH LINER WAS PULLED BACK 20'</u>			
<u>The EXPOSED CLEYSTONE WAS UNDERREAMED FROM 330' TO 350' TO A DIAMETER OF 10"</u>			
<u>The 10" HOLE WAS FILLED WITH PORTLAND CEMENT.</u>			
<u>The LINER WAS SET BACK TO THE ORIGINAL DEPTH OF 350'</u>			
<u>The CEMENT WAS DRILLED OUT LEAVING ANY WATER FROM A HIGHER LEVEL UNABLE TO MOVE UP OR DOWN THE BORE HOLE</u>			

Date started 11-22-94 Completed 12-1-94

(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 STORTAND WWC Number 1532  
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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Jary Burch WWC Number 544  
Date \_\_\_\_\_