

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

*W.M.A.T.
6396*

RECEIVED

AUG - 7 1995

*4N/29E/10CA
63395*

WATER RESOURCES DEPT. (START CARD) #

SALEM, OREGON

(1) OWNER: MT Burns Inc Well Number _____
 Name MT Burns Inc
 Address 411 Box 181
 City STARFIELD State OR Zip 97875

(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 1117 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
			<i>N/A</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:	<i>N/A</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>N/A</i>			<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"/>

(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 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 4 N or S. Range 29 E or W. WM.
 Section 10 NE 1/4 SW 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Loop Rd

(10) STATIC WATER LEVEL:
82 ft. below land surface. Date 5-19-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 82

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<i>reamed well</i>			
<i>From 520 ft</i>			
<i>to 880 ft 1 3/4"</i>			
<i>reamed from</i>			
<i>880 ft to 1117 ft</i>			
<i>12 3/4" -</i>			

Date started 4-18-95 Completed 5-18-95

(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 759
 Signed MT Burns Date 5-19-95

AUG - 7 1995

WAI
S. W. OREGON

PRINGS) NO. 1172

8400

16

5600
616.36 Ac.

9

10

EFU
61-3

15

14

2500
4588 Ac.

10

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