

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

UMAT UMAT 6566
6566

(START CARD) # 53515

(1) OWNER: Well Number SAD 11
Name PAVE BARK
Address RT3 Box 129 N
City Milton Freewater State ORE 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 172 ft.
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10	0	44	Bentonite Chip	0	48	28

How was seal placed: Method A B C D E
 Other Forward
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:	6	11	130	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	5	120	172	1.120	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:
 Perforations Method Skull Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
125	173	1/8" x 7	200	5"	1.120	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					1.25psi	<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.
35	13		4

Temperature of Water 57° 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 or S. Range 35 or W. WM.
Section 13 NW NW
Tax Lot 6N3-73C Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Box 129 N
STATELINE Road

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 10-6-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	70	5 gpm	60
126	138	15 gpm	40
144	153	15 gpm	35
158	172	40 gpm	35

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Topsoil	0	34	
Blue clay	34	47	
Gravel	47	58	
Sand	58	70	60
Gravel - Trace Brown Clay	70	126	60
Gravel - water	126	138	40
Gravel - Trace Clay	138	144	35
Gravel - water	144	153	35
Gravel - Trace of Clay	153	158	35
Gravel - water	158	172	35

Date started 9-30-95 Completed 10-6-95

(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 1639
Signed Mike Harding Date 10-12-95