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UMAT 54277

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WELL I.D. # L 43413
START CARD # 130155

STATE OF OREGON
WATER SUPPLY WELL REPORT
WATER RESOURCES DEPT.
Salem, Oregon

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Salem, Oregon

JUL 30 2001

(1) LAND OWNER
Name Umatilla Co. Harris Park
Address South Fork Wallowa Wallowa River Hwy.
City MILTON FREEWATER 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 400'
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	BEAM
16"	0	40'	PORT.CEMENT	0	40'	3 YARDS + 10 SACK	
12"	40'	90'	PORT.CEMENT	90'	0	4 YARDS FROM	
10"	89'	400'				Bottom to 0'	

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 _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	16"	0	24'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12"	36'	0	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10"	89'	+1	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 16"-24' 12"-36'

(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 ⁺		400'	1 hr.
200 ⁺		300'	

Temperature of water 58^oF 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 or S Range 37 or W. WM.
Section 10 1/4 D 1/4
Tax Lot 3000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HARRIS PARK
SO FORK W-W RIVER

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 7-11-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 55'

From	To	Estimated Flow Rate	SWL
140'	143'	20	15'
155'	165'	30	
365'	390'	200 ⁺	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SOIL	0	6'	
BOULDERS	6'	35'	15'
BLK BASALT	35'	55'	
BLK w/GRN CLY ST.	55'	70'	
GREY w/BRN BASALT	70'	80'	
BROWN w/RED BASALT	80'	140'	
BRKN BRN BASALT	140'	143'	
BRN BASALT	143'	155'	
BLK SCORIA	155'	165'	
BLK BASALT	165'	180'	
BLK w/GRN CLY ST.	180'	210'	
BLK BASALT	210'	290'	
BLK w/GRN CLY ST.	290'	320'	
BLK w/BRN BASALT	320'	365'	
BRKN BRN BASALT	365'	390'	
BRN BASALT	390'	400'	

Date started 5-14-01 Completed 7-11-01

(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 Larry R. Otto WWC Number 1701 Date 7-12-01

(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 Gary Burt WWC Number 540 Date 7-12-01