

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

UMAT 2533
 PAGE 1 OF 2

OCT 19 1989

3N/34E/4db
 1492

WATER RESOURCES DEPT.
 SALEM, OREGON (START CARD) #

(1) OWNER: Well Number: # 3
 Name CITY OF ADAMS
 Address P.O. BOX 20
 City ADAMS State OR Zip 97810

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other ROTARY REVERSE AIR

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 1725' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
18"	0 46	NEAT			
14 3/4"	46 800	CEMENT	0 800	308 SKS	
10"	800 1725	NONE			

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: 12"	71	800	1.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	780	800	1.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	800	1147	1.322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method MILL CUT
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
800	1147	4/3	9716	8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Air Pump Drill-stem at	Flowing Artesian	Time
300	157	560	<input type="checkbox"/>	1 hr. + 30 min
500	239	560	<input type="checkbox"/>	1 hr + 30 min
700	358	560	<input type="checkbox"/>	17 HRS.

Temperature of water 69 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom CITY ENGINEER
 Did any strata contain water not suitable for intended use? Too little NO
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County UMATILLA Latitude _____ Longitude _____
 Township 3 (N or S, Range 34 (E or W, WM.
 Section 4 NW 1/4 SE 1/4
 Tax Lot 1201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) ADAMS OR

(10) STATIC WATER LEVEL:
133 ft. below land surface. Date SEPT 15 89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 1286

From	To	Estimated Flow Rate	SWL
1286	1299	50 GPM	133
1299	1376	75 GPM	133
1492	1503	100 GPM	133
1699	1725	500+ GPM	133

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TAN CLAY	0	23	
GRAY BASALT	23	148	
BRN CLAY + BRN BASALT	148	166	
GRAY BASALT	166	200	
BLK BASALT	200	217	
GRAY BASALT	217	244	
GRN CLAY + BLK BASALT	244	269	
BLK BASALT	269	297	
BLK BASALT + GRN CLAY	297	336	
BLK BASALT	336	361	
BLK BASALT + GRN CLAY	361	528	
BLK BASALT	528	562	
GRAY BASALT	562	576	
BLK BASALT	576	609	
BLK BASALT HARD	609	640	
GRN CLAY	640	649	
BLK BASALT + GRN CLAY	649	667	
GRAY BASALT	667	748	
BLK BASALT + GRAY CLAY	748	763	
GRAY BASALT	763	878	
BLK BASALT + RED CLAY	878	883	
GRAY BASALT HARD	883	923	

Date started JULY 24 89 Completed SEPT 16 89

(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 534
 Signed Arnold S. Holman Date OCT 13 89

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PAGE 2 OF 2 WATER RESOURCES DEPT (START CARD) #

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Address P.O. Box 20
City ADAMS State OR Zip 97810

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 Other

(4) PROPOSED USE:

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 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	Material			
			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"/>
						<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

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 _____ 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:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
BLK BASALT	923	990	
BLK BASALT + GRN CLAY	990	1000	
RED BASALT	1000	1005	
BLK BASALT	1005	1030	
GRAY BASALT	1030	1088	
BLK BASALT + GRAY CLAY	1088	1123	
GRAY BASALT HARD	1123	1145	
RED CLAY	1145	1161	
BLK BASALT	1161	1223	
BLK BASALT + RED CLAY	1223	1241	
GRAY BASALT	1241	1286	
BLK BASALT + GRAY CLAY	1286	1299	133
BLK BASALT	1299	1376	
BLK BASALT	1376	1492	
GRAY BASALT HARD	1472	1492	
BLK BASALT SOFT	1492	1503	133
BLK BASALT MED	1503	1672	
GRAY BASALT HARD	1672	1679	
BLK BASALT SOFT	1679	1725	133

Date started JULY 24 89 Completed SEPT 16 89

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