

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

DEC 13 1994

60N/35E/3466
 (START CARD) # 63014

5
 UMAT
 4288

(1) OWNER: Well Number _____

Name Jack Slusarek
 Address RT 2 Box 355
 City Milton Freewater State OR 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 445 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or	pounds
16	0 60	Bentonite	0 60	3300	
12	140 470	CEMENT	140 470	5800	lbs

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
12	+1	60	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	+2	470	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 470

(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	100	520	1 hr.

Temperature of Water 53 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 N or S. Range 35 E or W. WM.
 Section 34 NW 1/4 NW 1/4
 Tax Lot 5002 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) RT 2 Box 355
Milton Freewater OR

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 10-19-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 62

From	To	Estimated Flow Rate	SWL
62	127	40	45
247	249	5	108
318	319	15	110
323	346	80	108

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown Soil Gravel	0	2	
Tan silt cemented gravel	2	20	
BW silt coarse gravel	20	26	
Tan silt cemented gravel	26	62	
BW silt cemented gravel	62	127	45
Grey silt cemented gravel	127	163	
Light tan cemented sand & gravel	163	192	
BW silt cemented gravel	192	240	
BW silt pea gravel soft	240	245	
Yellow tan clay w/ soft	245	247	
Finer sand tan silt	247	249	108
Dark BW silt cemented gravel	249	255	
Tan clay w/ pea gravel	255	257	
Yellow clay	257	296	
Yellow sand w/ mica fine w/ clay silt	296	301	
Tan sand w/ mica silt	301	318	
Grey silt coarse sand & gravel cemented	318	320	110
Silt fines sand w/ mica cement	320	322	
Sticky tan clay	322	330	
Blue clay sandy soil w/ mica	330	332	

Date started 8-16-94 Completed 10-19-94

(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 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 256
 Signed [Signature] Date 10-19-94

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

*UMAT
6283*

Page 2

DEC 1 3 1994

*6N/35E/3466
63014 pg. 2*

(1) OWNER: Jack Susarenko
 Name Jack Susarenko
 Address RT 2 Box 355
 City Milton-Freewater State OR 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 _____ 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	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"/>

(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: _____

SALEM, OREGON
 (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:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<i>Topsoil w/ Sand & Gravel & mica</i>	<i>0</i>		
<i>Blue clay sticky soft</i>	<i>398</i>	<i>346</i>	<i>108</i>
<i>Blue clay Basalt chunks</i>	<i>349</i>	<i>351</i>	
<i>Blue clay clay</i>	<i>351</i>	<i>389</i>	
<i>Blue clay Black sand chunk</i>			
<i>Basalt rock</i>	<i>389</i>	<i>420</i>	
<i>Blue clay Almost shale layers</i>	<i>420</i>	<i>432</i>	
<i>Smooth Blue clay Almost shale layers</i>	<i>432</i>	<i>445</i>	
<i>Black Basalt w/ clay streaks</i>	<i>445</i>	<i>456</i>	
<i>Broken Black Basalt</i>	<i>456</i>	<i>457</i>	
<i>Hard Black Basalt</i>	<i>457</i>	<i>465</i>	
<i>Decomposed Black Basalt</i>	<i>465</i>	<i>482</i>	
<i>Med Hard Black Basalt w/ green clay deposits fractured</i>	<i>482</i>	<i>520</i>	<i>108</i>
<i>Broken Black Basalt fractured & vesicular</i>	<i>520</i>	<i>539</i>	
<i>Basalt</i>	<i>539</i>	<i>544</i>	
<i>Hard Black Basalt</i>	<i>544</i>	<i>545</i>	<i>108</i>

Date started _____ Completed _____

(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.
 Signed _____ WWC Number _____
 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.
 Signed _____ WWC Number _____
 Date _____

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 51295
START CARD # 138417

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

(1) LAND OWNER Well Number _____
Name Earl Brown & Sons
Address PO Box 249
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 1003 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	539	607	Not Changed			
8	607	1003				

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: <u>Not Changed</u>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>8</u>	<u>450</u>	<u>685</u>	<u>.250</u>	<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) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Rotary Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
520	543	.2x1	920			<input type="checkbox"/>	<input checked="" type="checkbox"/>
560	580	.2x1	900			<input type="checkbox"/>	<input checked="" type="checkbox"/>
605	643	.2x1	1710			<input type="checkbox"/>	<input checked="" type="checkbox"/>
643	680	.2x1	925			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
RC-air lift Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
125	3		1 hr.

Temperature of water 65°F 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 35E E or W. WM.
Section 34 NW 1/4 of SE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Yellow Jacket Rd

(10) STATIC WATER LEVEL:
147 ft. below land surface. Date 8-14-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____ additional significant 580

From	To	Estimated Flow Rate	SWL
580	1003	See (8)	See (10)

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
See Attached Log			
Original Well is Reportedly			
UMAT 6283 SC63014			

RECEIVED

SEP 05 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-13-01 Completed 8-14-01

(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 Steve Villard WWC Number 1530 Date 8-31-01

(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 Stephen Schmidt WWC Number 649 Date 8-31-01

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WATER RESOURCES DEPT.
SALEM, OREGON**BROWN AND SONS**

by Schneider Drilling Co.

SC #138417 - Label #L 51295

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
539	546	Basalt, gray, hard
546	548	Basalt, dark gray, fractured, hard
548	560	Basalt, dark gray, hard
560	580	Basalt, dark gray, fractured, hard
580	586	Claystone, green, broken, firm, vesicular
586	591	Basalt, gray, broken, vesicular with some claystone, green
591	602	Basalt, gray and black, broken
602	605	Claystone, green, broken
605	607	Basalt, black, hard
607	621	Basalt, dark gray, black and red
621	623	Basalt, dark gray, black and brown, broken
623	635	Basalt, brown and black, soft, porous
635	639	Basalt, gray, black, red and brown with some claystone, blue
639	640	Basalt, gray and black, broken
640	642	Basalt, gray and black, medium hard
642	645	Basalt, gray and black, medium hard, vesicular
645	650	Basalt, gray, black, brown and blue, broken, vesicular
650	670	Basalt, gray and black, medium hard, fractured, vesicular
670	678	Basalt, gray, hard, fractured with black and green in seams, vesicular
678	682	Basalt, gray, brown and black, medium, fractured with black and green in seam
682	684	Basalt, gray and brown, medium, fractured with blue in seams, vesicular
684	690	Basalt, gray, medium, fractured with black and blue in seams
690	693	Basalt, gray, medium, fractured with black and blue in seams, vesicular
693	696	Basalt, gray, broken, vesicular
696	700	Basalt, gray, hard, fractured with black and crystal white in seams
700	745	Basalt, gray, medium, fractured with blue and green in seams, vesicular
745	748	Basalt, gray and black, broken, vesicular
748	749	Basalt, brown and black, medium, fractured, vesicular
749	756	Basalt, gray, brown and black, medium, vesicular
756	764	Basalt, gray, black and green, broken, vesicular
764	766	Basalt, gray, medium hard, fractured with black in seams, vesicular

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SEP 05 2001

WATER RESOURCES DEPT.
SALEM, OREGON

766	770	Basalt, gray and black, broken, vesicular
770	788	Basalt, gray, medium hard, black and blue fractures, vesicular
788	790	Basalt, gray and black, broken, vesicular
790	836	Basalt, gray, medium hard, fractured, black in seams
836	840	Basalt, gray and black, broken, vesicular
840	844	Basalt, gray, black, brown and green, broken, vesicular
844	861	Basalt, gray and black, broken
861	880	Basalt, gray, medium, fractured with black, blue and green seams, vesicular
880	921	Basalt, gray and black, broken, vesicular
921	941	Basalt, gray, black, blue, green and brown, broken, vesicular
941	961	Basalt, gray, hard, fractured with black in seams
961	982	Basalt, gray, hard, fractured
982	991	Basalt, gray, black, green and blue, soft, broken, vesicular
991	1003	Basalt, gray, black and blue, hard, lightly fractured