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

WATER RESOURCES DEPT. WELL I.D. # L. 27929
SALEM, OREGON WATER RESOURCES DEPT. SALEM, OREGON PERM. # 53436

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

(1) OWNER: Well Number _____
Name Monte Burmester
Address Rt. 1 Box 1099
City Hermiston State OR Zip 97838

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8"	240	792	N/A			

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/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: <u>N/A</u>					<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"/>

Final location of shoe(s) _____
(7) PERFORATIONS/SCREENS:

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From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
APR 16 2014							<input type="checkbox"/>	<input type="checkbox"/>
SALEM, OR							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown _____ Drill stem at 792 Time 1 hr.

Temperature of water 65° 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 5N N or S Range 28E E or W. WM.
Section 24 W 1/2 1/4 SW 1/4
Tax Lot 502 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Benzel Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 2-25-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 544

From	To	Estimated Flow Rate	SWL
<u>544</u>	<u>575</u>	<u>50</u>	<u>120</u>
<u>634</u>	<u>650</u>	<u>100</u>	<u>120</u>
<u>713</u>	<u>761</u>	<u>200</u>	<u>120</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Existing well	0	240	
Gray basalt	240	309	
Black & brown basalt	309	339	
Gray basalt	339	417	
Black basalt	417	423	
Gray basalt	423	466	
Brown & gray basalt	466	544	
Red & brown basalt	544	575	WR
Gray basalt	575	634	
Red & brown basalt	634	650	WR
Gray basalt	650	713	
Black basalt with green Soapstone	713	761	WR
Gray basalt	761	792	

Date started 2-12-99 Completed 2-25-99

(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.

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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1218
Signed Patrick Wallard Date 2-28-99

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

Umatilla
5864
JUL - 6 1993

WATER RESOURCES DEPT.

(START CARD) #

SN/28E/24
49347

SALEM, OREGON

(1) OWNER: Well Number _____
Name *Monte D. Burmester*
Address *Rt. 1, Box 1099*
City *Hermiston* State *OR* Zip *97838*

(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 *240* ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
<i>12"</i>	<i>0</i>	<i>26</i>	<i>Cement</i>	<i>0</i>	<i>26</i>	<i>34 sacks</i>
<i>8"</i>	<i>26</i>	<i>240</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	Material			
				Steel	Plastic	Welded	Threaded
<i>8"</i>	<i>71</i>	<i>26</i>	<i>.230</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) *26*

(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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<i>300+</i>		<i>240</i>	<i>1 hr.</i>

Temperature of Water *59°* 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 *SN* N or S. Range *28E* E or W. WM
Section *24* W 1/2 4 SW 4
Tax Lot *502* Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *Bensel Rd. Hermiston, OR 97838*

(10) STATIC WATER LEVEL:
74 ft. below land surface. Date *6-2-93*
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found *207*

From	To	Estimated Flow Rate	SWL
<i>207</i>	<i>237</i>	<i>300+</i>	<i>74</i>

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
<i>Sandy soil</i>	<i>0</i>	<i>2</i>	
<i>Sand</i>	<i>2</i>	<i>4</i>	
<i>Gravel</i>	<i>4</i>	<i>21</i>	
<i>Gray basalt</i>	<i>21</i>	<i>147</i>	
<i>Brown & gray basalt</i>	<i>147</i>	<i>180</i>	
<i>Gray basalt</i>	<i>180</i>	<i>207</i>	
<i>Red & black basalt</i>	<i>207</i>	<i>237</i>	<i>WB</i>
<i>Black basalt</i>	<i>237</i>	<i>240</i>	

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SALEM, OR

Date started *6-1-93* Completed *6-2-93*

(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. Material 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 *121*
Signed *Patrick Wallace* Date *6-28-93*

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

UMAT 57221

WELL I.D. LABEL# L 100163
START CARD # 1020414
ORIGINAL LOG #

8/20/2013

(1) LAND OWNER Owner Well I.D. _____
First Name PERRY Last Name BURROUGHS
Company BURROUGHS RANCH
Address 31473 BENSEL RD
City HERMISTON State OR Zip 97838

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 792.00 ft.
BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 20 From 0 To 38

(7) PERFORATIONS/SCREENS
Perforations Method Torch
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

(9) LOCATION OF WELL (legal description)
County UMATILLA Twp 5.00 N N/S Range 28.00 E E/W WM
Sec 24 SW 1/4 of the SW 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
31473 BENSEL RD. HERMISTON, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8/14/2013 _____ 174
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 29.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

7/12/2013 29 37.5 30 19

7/29/2013 613 620 300 174

7/29/2013 728 776 500 174

(11) WELL LOG Ground Elevation _____
Material From To
Sandy Soil/Gravel 0 18
Gravel & Sand 18 29
Gray Basalt 29 37.5
Gray Basalt - Broken area 37.5 148
Soft Brown Basalt 148 168
Basalt Brown Baslt - medium hardness 168 176
Black Basalt 176 206
Broken Brown/Black w/Green Claystone 206 230
Red/Black Basalt - medium hardness 230 234
Gray Basalt 234 242
Dark Brown Basalt 242 250
Gray Basalt 250 300
Brown Basalt w/Claystone - soft 300 310
Black Basalt w/ Green Claystone 310 332
Gray Basalt 332 376
Black Basalt w/Claystone soft 376 388
Black Basalt/Scoria 388 410
Black Basalt - soft 410 424
Gray Basalt 424 444

Date Started 7/11/2013 Complete 8/14/2013

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
APR 16 2014
License Number _____ Date _____
Signed _____ SALEM, OR

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
License Number 1881 Date 8/20/2013
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman

