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

APR 29 1999

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D.# 29281
START CARD# 120054

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

(1) OWNER: Well Number _____
Name Rodney Cox
Address 80591 Culp
City Hermiston State Wa Zip 97188

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	20	Mole plug	0	20	22
12	20	130	Grout	112	130	10
10	130	245				

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"	+2	125	290	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	113	130	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12" 125 / 10" 130'

(7) PERFORATIONS/SCREENS:

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 EST 500 Drawdowns _____ Drill stem at _____ Time _____
Temperature of water 58° 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 5 N or S Range 28 E or W. WM.
Section 36 SW 1/4 SE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
62.6 ft. below land surface. Date 4-22-99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
100'	125'	50	
236'	245'	500	62

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
med sand	0	32	
course sand (brown)	32	98	
fine sand	98	122	
sand & gravel	122	125	
hard black basalt	125	221	
hard gray basalt	221	236	
broken brown basalt	236	245	62

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WATER RESOURCES DEPT. SALEM, OREGON SALEM, OR

Date started 4-12-99 Completed 4-21-99
(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.

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

Signed [Signature] WWC Number 1719 Date 4-23-99

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

APR 29 1999

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D.# L. 29281
START CARD# 120054

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

(1) OWNER: Well Number _____
Name Rodney Cox
Address 80591 Culp
City Hermiston State Wa Zip 97318

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	20	Hole plug	0	20	22
12	20	130	Grout	112	130	10
10	130	245				

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"	±R	125	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	113	130	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12" 125 / 10" 130'

(7) PERFORATIONS/SCREENS:

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 EST 500 Drawdown — Drill stem at 240 Time 1 hr.

Temperature of water 58° 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 5 N or S Range 28 E or W. WM.
Section 36 SW 1/4 SE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
62.6 ft. below land surface. Date 4-22-99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
100'	125'	50	
236'	245'	500	62

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
med sand	0	32	
course sand (brown)	32	98	
fine sand	98	122	
sand & gravel	122	125	
hard black basalt	125	221	
hard gray basalt	221	236	
broken porous basalt	236	245	62

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MAY 01 2014

WATER RESOURCES DEPT.
SALEM, OREGON

SALEM, OR

Date started 4-12-99 Completed 4-21-99
(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 1719
Signed Bill O. Amos Date 4-23-99

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

WATER RESOURCES DEPT. WELL I.D. # L 420559
SALEM OREGON START CARD # 75089

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

(1) OWNER: Well Number 420559

Name Rodney Cox
Address 90591 Culp Lane
City Heppleston State Or. Zip 97831

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

HOLE		SEAL		Spacker pounds	
Diameter	From To	Material	From To		
12"	0' 18'	Port Cem	18' 0'	7	
8"	18' 158'	Port Cem	158' 123'	9	
6"	158' 273'				

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	Liner
8"	0' 158'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
NA							

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
23.50		273	1 hr.
50		233	
30		183	

Temperature of water 58°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 5N N or S Range 28 E or W. WM.
Section 36 SW 1/4 NW 1/4
Tax Lot 1003 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 90591 Culp Lane
Heppleston, OR 97838

(10) STATIC WATER LEVEL:
77 ft. below land surface. Date 2-6-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
240	260	50	77

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand	0	120	
gravel	120	135	
BK Scoria gran + Bl/clay	135	150	
BK	150	240	
BK + Br Scoria w/Bl Sup St.	240	260	77
BK	260	273	

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WATER RESOURCES DEPT.
SALEM, OREGON
SALEM, OR

Date started 5-29-98 Completed 6-2-98
(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 James H. McCurdy WWC Number 1700
Date 2-6-98

(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 Jerry Dural WWC Number 544
Date 2-6-98

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 517.765)

WELL I.D. # L 105801
START CARD # 207517

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

(1) LAND OWNER Wance or Debbie Crafton Well Number _____
Name Wance or Debbie Crafton
Address 32144 Myrtlewood Lane
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 195 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	20	Bentonite	0	20	18 sacks	
8"	20	135					

How was seal placed: Method A B C D E
 Other Poured 3/8" bentonite

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: 8"	1	134	2 1/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 134

(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 _____
100+ _____ 135 _____ 1 hr.

Temperature of water 58° 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 36 NW 1/4 SE 1/4
Tax Lot 1005 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 32144 Myrtlewood Lane, Hermiston, OR 97838

(10) STATIC WATER LEVEL:
70 ft. below land surface. Date 8-29-11
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 125

From	To	Estimated Flow Rate	SWL
<u>125</u>	<u>135</u>	<u>100+</u>	<u>70</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Sandy soil</u>	<u>0</u>	<u>3</u>	
<u>Sand</u>	<u>3</u>	<u>62</u>	
<u>Sand with some layers of hardpan</u>	<u>62</u>	<u>84</u>	
<u>Black sand</u>	<u>84</u>	<u>125</u>	
<u>Gravel</u>	<u>125</u>	<u>135</u>	<u>WB</u>

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WATER RESOURCES DEPT

SALEM, OREGON

MAY 01 2014

SALEM, OR

Date started 8-26-11 Completed 8-29-11

(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 Wallace Date 9-23-11