

**UMAT 56282**

WELL LOG FOR POA 2 (proposed)

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.745 & OAR 690-205-0210)

*311-278-428*  
*Sent 1-24-06*

WELL LABEL # L 95332  
 START CARD # 63302

(1) LAND OWNER Owner Well ID: 3  
 First Name Robert Last Name Pratt  
 Company \_\_\_\_\_  
 Address 84031 Edwards Road  
 City Milton Freewater State Or Zip 97862

(9) LOCATION OF WELL (legal description)  
 County UMATILLA Twp 6 N N/S Range 35 E R/W WM  
 Sec 33 NW 1/4 of the NW 1/4 Tax Lot 301  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ or \_\_\_\_\_ DMS or DD  
 Street address of well  Nonstreet address

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

(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 185 ft.  
 BORE HOLE SEAL  

Dia	From	To	Material	From	To	Am't	Units
14	0	27	Bentonite Clays	0	27	46	8
10	27	185					

(10) STATIC WATER LEVEL Date 01-20-2006 SWL (psf) \_\_\_\_\_ + SWL (ft) 45  
 Existing Well / Predeepening \_\_\_\_\_  
 Completed Well \_\_\_\_\_  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 85  

SWL Date	From	To	Est Flow	SWL (psf)	+ SWL (ft)
01-20-2006	85	185	120		45

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

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
Brown Silt Top Soil	0	11
Tan Clay	11	40
Consolidated gravel silt boulders	40	85
Cemented Gravel Sand Boulders	85	185

(6) CASING/LINER  
 Casing Liner Dia + From To Gauge Sd Plst Wld Thrd  

Casing	Liner	Dia	From	To	Gauge	Sd	Plst	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	2	140	.250				

  
 Shoe  Inside  Outside  Other Location of shoe(s) 185  
 Temp casing  Yes Dis From To

(7) PERFORATIONS/SCREENS  
 Perforations Method Air Roller  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf	Casing	Screen	Screen Liner Dia	From	To	Som/slot width	Slot length	# of slots	Tel/ pipe size
			10	120	140	.108	1.25	640	

RECEIVED  
 DEC 1 2 2008  
 RECEIVED  
 JUN 2 3 2010  
 RECEIVED  
 JAN 20 2009  
 WATER RESOURCES DEPT  
 SALEM, OREGON

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120	30	188	12

Date Started 01-16-2006 Completed 01-20-2006  
 (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.  
 License Number \_\_\_\_\_ Date \_\_\_\_\_  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed \_\_\_\_\_  
 (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 756 Date 01-24-2006  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed \_\_\_\_\_  
 Contact info (optional) \_\_\_\_\_

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  

From	To	Description	Amount	Units

T 11096