

Application for a Permit to Use Ground Water



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

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WATER RESOURCES DEPT
SALEM, OREGON

SECTION 1: APPLICANT INFORMATION AND SIGNATURE

Applicant Information

NAME MARY E. JOHNSON C/O LINDA PITTS		PHONE (HM)	
PHONE (WK)	CELL (509)521-6060	FAX	
ADDRESS P.O. Box 578			
CITY CORNELL	STATE WA	ZIP 99326	E-MAIL N/A

Organization Information

NAME N/A		PHONE	FAX
ADDRESS			CELL
CITY	STATE	ZIP	E-MAIL

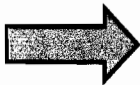
Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT / BUSINESS NAME WILLIAM PORFILY		PHONE (541)449-1327	FAX (541)449-1327
ADDRESS P.O. Box 643			CELL (541)561-7259
CITY STANFIELD	STATE OR	ZIP 97875	E-MAIL BPORFILY@MY180.NET

Note: Attach multiple copies as needed

By my signature below I confirm that I understand:

- I am asking to use water specifically as described in this application.
- Evaluation of this application will be based on information provided in the application.
- I cannot use water legally until the Water Resources Department issues a permit.
- Oregon law requires that a permit be issued before beginning construction of any proposed well, unless the use is exempt. Acceptance of this application does not guarantee a permit will be issued.
- If I get a permit, I must not waste water.
- If development of the water use is not according to the terms of the permit, the permit can be cancelled.
- The water use must be compatible with local comprehensive land-use plans.
- Even if the Department issues a permit, I may have to stop using water to allow senior water-right holders to get water to which they are entitled.



I (we) affirm that the information contained in this application is true and accurate.

Mary Ellen Johnson
Applicant Signature

Linda Pitts
Applicant Signature

Mary Ellen Johnson
Print Name and title if applicable

Linda Pitts
Print Name and title if applicable

10-7-2011
Date

10/7/2011
Date

For Department Use		
App. No. <u>G-17499</u>	Permit No. _____	Date _____

SECTION 2: PROPERTY OWNERSHIP

Please indicate if you own all the lands associated with the project from which the water is to be diverted, conveyed, and used.

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SALEM, OREGON**

- Yes
 - There are no encumbrances.
 - This land is encumbered by easements, rights of way, roads or other encumbrances.
- No
 - I have a recorded easement or written authorization permitting access.
 - I do not currently have written authorization or easement permitting access.
 - Written authorization or an easement is not necessary, because the only affected lands I do not own are state-owned submersible lands, and this application is for irrigation and/or domestic use only (ORS 274.040).
 - Water is to be diverted, conveyed, and/or used only on federal lands.

List the names and mailing addresses of all affected landowners (*attach additional sheets if necessary*).

N/A

SECTION 3: WELL DEVELOPMENT

WELL NO.	NAME OF NEAREST SURFACE WATER	IF LESS THAN 1 MILE:	
		DISTANCE TO NEAREST SURFACE WATER	ELEVATION CHANGE BETWEEN NEAREST SURFACE WATER AND WELL HEAD
One Well	Hermiston Drain	2,750 ft	5 ft

Please provide any information for your existing or proposed well(s) that you believe may be helpful in evaluating your application. For existing wells, describe any previous alteration(s) or repair(s) not documented in the attached well log or other materials (*attach additional sheets if necessary*).

SECTION 3: WELL DEVELOPMENT, CONTINUED

Source (aquifer), if known: Alluvial

Total maximum rate requested: 12.6 GPM (each well will be evaluated at the maximum rate unless you indicate well-specific rates and annual volumes in the table below).

Complete the table below. If this is an existing well, the following information may be found on the applicable well log. (If a well log is available, please submit it in addition to completing the table.) If this is a proposed well, or well-modification, consider consulting with a licensed well driller, geologist, or certified water right examiner.

66749

OWNER'S WELL NAME OR NO.	PROPOSED	EXISTING	WELL ID (WELL TAG) NO.* OR WELL LOG ID**	FLOWING ARTESIAN	CASING DIAMETER	CASING INTERVALS (IN FEET)	PERFORATED OR SCREENED INTERVALS (IN FEET)	SEAL INTERVALS (IN FEET)	MOST RECENT STATIC WATER LEVEL & DATE (IN FEET)	PROPOSED USE		
										SOURCE AQUIFER***	TOTAL WELL DEPTH	WELL-SPECIFIC RATE (GPM)
Well	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Umat 50131	<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"/>	<input type="checkbox"/>		<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>								

Please see attached Well Log Umat 50131

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* Licensed drillers are required to attach a Department-supplied Well Tag, with a unique Well ID or Well Tag Number to all new or newly altered wells. Landowners can request a Well ID for existing wells that do not have one. The Well ID is intended to serve as a unique identification number for each well.
 ** A well log ID (e.g. MARI 1234) is assigned by the Department to each log in the agency's well log database. A separate well log is required for each subsequent alteration of the well.
 *** Source aquifer examples: Troutdale Formation, gravel and sand, alluvium, basalt, bedrock, etc.

SECTION 4: WATER USE

USE	PERIOD OF USE	ANNUAL VOLUME (ACRE-FEET)
Irrigation	March 1 st -Oct 31 st	7.5 Ac-ft

Exempt Uses: Please note that 15,000 gallons per day for single or group **domestic** purposes and 5,000 gallons per day for a single **industrial or commercial** purpose are exempt from permitting requirements.

For irrigation use only:

Please indicate the number of primary and supplemental acres to be irrigated (*must match map*).

Primary: 2.25 Acres Supplemental: _____ Acres

List the Permit or Certificate number of the underlying primary water right(s): N/A

Indicate the maximum total number of acre-feet you expect to use in an irrigation season: _____

- If the use is **municipal or quasi-municipal**, attach **Form M**
- If the use is **domestic**, indicate the number of households: _____
- If the use is **mining**, describe what is being mined and the method(s) of extraction: _____

SECTION 5: WATER MANAGEMENT

A. Diversion and Conveyance

What equipment will you use to pump water from your well(s)?

- Pump (give horsepower and type): One hp electrical submerge
- Other means (describe): _____

Provide a description of the proposed means of diversion, construction, and operation of the diversion works and conveyance of water. _____

B. Application Method

What equipment and method of application will be used? (e.g., drip, wheel line, high-pressure sprinkler)

Solid Set pop-up Sprinklers

C. Conservation

Please describe why the amount of water requested is needed and measures you propose to: prevent waste; measure the amount of water diverted; prevent damage to aquatic life and riparian habitat; prevent the discharge of contaminated water to a surface stream; prevent adverse impact to public uses of affected surface waters.

Sprinklers will be on a time and will only apply what the crop requires for optimum growth

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SECTION 6: STORAGE OF GROUND WATER IN A RESERVOIR: N/A

If you would like to store ground water in a reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Reservoir name: _____ Acreage inundated by reservoir: _____

Use(s): _____

Volume of Reservoir (acre-feet): _____ Dam height (feet, if excavated, write "zero"): _____

Note: If the dam height is greater than or equal to 10.0' above land surface AND the reservoir will store 9.2 acre feet or more, engineered plans and specifications must be approved prior to storage of water.

SECTION 7: USE OF STORED GROUND WATER FROM THE RESERVOIR

If you would like to use stored ground water from the reservoir, complete this section (*if more than one reservoir, reproduce this section for each reservoir*).

Annual volume (acre-feet): _____

USE OF STORED GROUND WATER	PERIOD OF USE

SECTION 8: PROJECT SCHEDULE

Date construction will begin: Started-Well has been drilled

Date construction will be completed: Oct. 1st 2015

Date beneficial water use will begin: Oct. 1st 2015

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SECTION 9: REMARKS

Use this space to clarify any information you have provided in the application (*attach additional sheets if necessary*).

My 87 year old mother owns this property and is currently living with me. The family wants to sell it and it will have more value if it has water rights.

Land Use Information Form



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Applicant: Mary E. Johnson c/o Linda Pitts
First Last

Mailing Address: P.O. Box 578

Cornell WA 99326 Daytime Phone: (509)521-6060
City State Zip

A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
4N	28E	1	NW SE	700	FV-10	<input checked="" type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	Irr
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	
						<input type="checkbox"/> Diverted	<input type="checkbox"/> Conveyed	<input type="checkbox"/> Used	

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Umatilla County

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B. Description of Proposed Use

Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water
 Water Right Transfer
 Permit Amendment or Ground Water Registration Modification
 Limited Water Use License
 Allocation of Conserved Water
 Exchange of Water

Source of water: Reservoir/Pond
 Ground Water
 Surface Water (name) _____

Estimated quantity of water needed: 12.6 cubic feet per second
 gallons per minute
 acre-feet

Intended use of water: Irrigation
 Commercial
 Industrial
 Domestic for _____ household(s)
 Municipal
 Quasi-Municipal
 Instream
 Other _____

Briefly describe:

We propose to irrigate our 2.2 acres using the existing well and submersible pump.

Note to applicant: If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

G-17499

See bottom of Page 3. →

For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

Please check the appropriate box below and provide the requested information

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s): VCD C 152.336 (A)
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

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SALEM, OREGON

Name: Richard Jennings Title: Planner

Signature: [Signature] Phone: 541-278-6249 Date: 10/7/11

Government Entity: Umatilla County

Note to local government representative: Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.



Receipt for Request for Land Use Information

Applicant name: _____

City or County: _____ Staff contact: _____

Signature: _____ Phone: _____ Date: _____

UMATILLA County Assessor's Summary Report

Real Property Assessment Report

FOR ASSESSMENT YEAR 2011

October 7, 2011 10:01:43 am

Account # 118816
 Map # 4N2801-D0-00700
 Code - Tax # 0803-118816
 Legal Descr See Record
 Mailing Name JOHNSON MARY E
 Agent
 In Care Of C/O PITTS LINDA
 Mailing Address
 PO BOX 578
 CONNELL, WA 99326

Tax Status ASSESSABLE
 Acct Status ACTIVE
 Subtype NORMAL

Deed Reference # See Record
 Sales Date/Price See Record
 Appraiser SALTER, JON

Prop Class 409 MA SA NH Unit
 RMV Class 409 03 43 000 47674-2

Situs Address(s)	Situs City
ID# 1 1689 NE RAVEN LN	HERMISTON

Value Summary				
Code Area	AV	RMV	RMV Exception	CPR %
0803 Land	41,780	55,100	Land	0
Impr.	1,450	3,980	Impr.	0
Code Area Total	43,230	59,080		0
Grand Total	43,230	59,080		0

Land Breakdown											
Code Area	ID#	RFD	Ex	Plan Zone	Value Source	TD%	LS	Size	Land Class	Irr Class	Irr Size
0803	1	R		FU-10	Rural Site	102	A	2.24	L		
Grand Total								2.24			0.00

Improvement Breakdown										
Code Area	ID#	Yr Built	Stat Class	Description	TD%	Total Sq. Ft.	Ex%	MS Acct #	Trended RMV	
0803	1	1972	441	Single wide	100	1,084		R - 801106	3,980	
Grand Total						1,084			3,980	

MS Account(s): 0803-P-149338, R-801106

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SALEM, OREGON

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307663

KNOW ALL MEN BY THESE PRESENTS, That FRANK THOMAS and DOROTHY THOMAS husband and wife

, hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by J. F. JOHNSON and MARY ELLEN JOHNSON, husband and wife

, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Umatilla and State of Oregon, described as follows, to-wit:

Commencing at the center of the Southeast Quarter of Section 1, Township 4 North, Range 28; thence West along the East-West center line through the said Southeast Quarter 271 feet to the Southeast corner of a tract of land conveyed to William H. Dungan, et ux, by Deed recorded in Book 186, Page 303 of the Deed records of Umatilla County, Oregon; thence North along the East line of said Dungan tract 210 feet to the Northeast corner thereof and the point of beginning for this description; thence North parallel with the North-South center line of the said Southeast Quarter 450 feet to a point on the East-West center line through the Northwest Quarter of the Southeast Quarter of said Section 1; thence West along said East-West center line 504 feet to a point on the Easterly right of way line of the "M" pipeline of the Hermiston Irrigation District; thence Southerly along the said Easterly right of way line to the Northwest corner of the aforesaid Dungan tract; thence East along the Northerly line of said Dungan tract 320 feet to the point of beginning;

All being East of the Willamette Meridian, in the County of Umatilla and State of Oregon;

EXCEPTING any and all roads, pipelines and water rights of way.

To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.

And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

Except 1968-69 taxes -

and that grantor will warrant and forever defend the above granted premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ 2,300.00

Howsoever, the actual consideration consists of or includes other property or value given or promised which is the whole or a part of the consideration.

In construing this deed and where the context so requires, the singular includes the plural.

WITNESS grantor's hand this 6th day of November, 1968

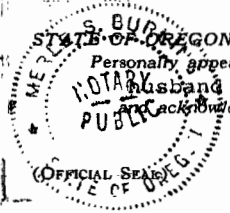
Frank Thomas
Dorothy Thomas

STATE OF OREGON, County of Union) ss. November 6, 1968

Personally appeared the above named Frank Thomas and Dorothy Thomas, husband and wife

and acknowledged the foregoing instrument to be their voluntary act and deed

Before me: Madeline J. Becking
Notary Public for Oregon
My commission expires November 4, 1971



PIEHLER TITLE INSURANCE COMPANY

NOTE—The sentence between the symbols Ⓢ, if not applicable, should be deleted. See Chapter 462, Oregon Laws 1967, as amended by the 1967 Special Session

Filed for record NOV 14 1968 at 1:42 P M.
JACK FOLSOM Recorder of Conveyances

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BOOK 297 PAGE 295

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108809 OREGON DEPARTMENT OF HUMAN RESOURCES
 HEALTH DIVISION
 CENTER FOR HEALTH STATISTICS 136
 CERTIFICATE OF DEATH State File Number

1. DECEDENT'S NAME: James Frank JOHNSON 7 SEX: Male 8 DATE OF DEATH: September 18, 1992

4 SOCIAL SECURITY NUMBER: 518-12-5113 5a AGE-Last birthday: 78 5b Under 1 Year: 5c Under 1 Day: 6 BIRTHPLACE: Shoshone, Idaho 7 DATE OF BIRTH: March 12, 1914

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 9a PLACE OF DEATH: Hospital Impairment Outpatient DCA OTHER Nursing Home Decedent's Home Other (Specify)

9b FACILITY NAME: Rt. 5 Box 5652 9c CITY, TOWN, OR LOCATION OF DEATH: Hermiston 9d COUNTY OF DEATH: Umatilla

10a. DECEDENT'S USUAL OCCUPATION: Laborer 10b. KIND OF BUSINESS/INDUSTRY: Construction 11. MARITAL STATUS: Married 12 SPOUSE: Mary Ellen

13a. RESIDENCE - STATE: Oregon 13b. COUNTY: Umatilla 13c. CITY, TOWN OR LOCATION: Hermiston 13d. STREET AND NUMBER: Rt. 5 Box 5652

13e. INSIDE CITY: 13f. ZIP CODE: 97838 14. WAS DECEDENT OF HISPANIC ORIGIN? Yes No 15. RACE: White 16. DECEDENT'S EDUCATION: 8

17. FATHER - NAME: Charles Isaac Johnson 18. MOTHER - NAME: Emma Maude Cooley 19. INFORMANT - NAME and relationship to decedent: Mary Ellen Johnson - Wife

20a. METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify) 20b. PLACE OF DISPOSITION: Hermiston Cemetery 20c. LOCATION: Hermiston, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Kevin Burns 21b. LICENSE NUMBER: 47-3549 22. NAME, ADDRESS AND ZIP OF FACILITY: Burns Mortuary of Hermiston, Box 289 Hermiston, Oregon 97838

23. DATE FILED: SEP 22 1992 24. REGISTRAR'S SIGNATURE: Jewel S. Burns, deputy

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A 26. WAS GIFT MADE? YES NO N/A

27. TIME OF DEATH: 5:10 P. 28. WAS MEDICAL EXAMINER NOTIFIED? Yes No 29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSES AND MANNER STATED (Signature): Deo Fisher 30. DATE SIGNED: 9/21/92 31. TIME OF DEATH: 31b. DATE PRONOUNCED DEAD: 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the causes and manner stated (Signature): 33. DATE SIGNED: COUNTY:

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Deo Fisher M.D., 975 W. Orchard Ave., Hermiston, Oregon 97838 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest

PART I (a) Cause of death: Pneumonia of lung (Interval between onset and death: 9 months)

(b) DUE TO, OR AS A CONSEQUENCE OF: (Interval between onset and death)

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: S/P CVA; Hypertension (Interval between onset and death)

37. Did tobacco use contribute to the death? Yes Probably No Unknown 38. AUTOPSY: Yes No 39. IF YES, were findings considered in determining cause of death? Yes No N/A

40. MANNER OF DEATH: Natural Accident Suicide Homicide Pending investigation Undetermined manner Legal intervention 41a. DATE OF INJURY: 41b. TIME OF INJURY: 41c. INJURY AT WORK? Yes No 41d. DESCRIBE HOW INJURY OCCURRED: 41e. PLACE OF INJURY: 41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RETURN TO AFTER RECORDING: MARY ELLEN JOHNSON PO BOX 628 HERMISTON, OREGON 97838

5

9-22-92

97838

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE UMATILLA COUNTY REGISTRAR

SEP 22 1992

DATE ISSUED.

SHARON J. KLINE COUNTY REGISTRAR UMATILLA COUNTY, OREGON



STATE OF OREGON, COUNTY OF UMATILLA I Thomas L. Groat, County Clerk, certify that this instrument was received and recorded on 10-28-92 at 12:58 in the record of document code type DE-DC

Location R227-0336 Document number 92-176589 Fee 5.00

Thomas L. Groat Umatilla County Clerk

received by [Signature] Deputy

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WATER RESOURCES DEPT SALEM, OREGON

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

UMAT
 50131

(START CARD) # 76378

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

(1) OWNER: Well Number _____
 Name Mary Ellen Johnson
 Address Rt 3 Box 5652
 City Hermiston State OR Zip 97183

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>19</u>	<u>Bratton</u>	<u>0</u>	<u>19</u>	<u>18 sk</u>
<u>6</u>	<u>19</u>	<u>63</u>				

How was seal placed: Method A B C D E
 Other Dry
 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>6</u>	<u>+1</u>	<u>19</u>	<u>30</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2</u>	<u>-3</u>	<u>63</u>	<u>40</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type PVC Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>43</u>	<u>63</u>	<u>.010</u>		<u>4 1/2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 40 Drawdown _____ Drill stem at 63 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 4 N or S Range 28 E or W. WM.
 Section 1 NW 1/4 SE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 4-17-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
<u>18</u>	<u>63</u>	<u>40</u>	<u>18</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Silt</u>	<u>0</u>	<u>4</u>	
<u>Coarse Sand</u>	<u>4</u>	<u>38</u>	<u>18</u>
<u>Blue sand</u>	<u>38</u>	<u>62</u>	
<u>Black Basalt</u>	<u>62</u>	<u>63</u>	<u>1</u>

Date started 4-17-96 Completed 4-17-96
 (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 759
 Signed [Signature] Date 4-18-96