UMAT 1052 NOTICE TO WATER WELL CONTRACTOR WATER WELL REPRITE CEIVE The original and first copy MAY 18 1970 tel No. 2N/33-28/C of this report are to be E C E | BILLING OREGON filed with the MAY 12 10 The above this line ATE ENGINEER TO SALEM. OREGON G 5335 STATE ENGINEER, SALEM, OREGON 978 within 30 days from the date STATE ENGINEER SALEM. OREGON (1) OWNER: (11) LOCATION OF WELL: County (matilla Name lonas Driller's well number S.E. 1/2 Section 28 T. 2H R. 33 E Bearing and distance from section or subdivision corner TYPE OF WORK (check): New Well Deepening [Reconditioning [Abandon [If abandonment, describe material and procedure in Item 12. (4) PROPOSED USE (check): (3) TYPE OF WELL: (12) WELL LOG: Diameter of well below casing ... Rotary Driven [Domestic Municipal | Municipal | Depth drilled 238 Cable Jetted 🗍 ft. Depth of completed well Irrigation [Test Well [Other Dug Bored [Formation: Describe color, texture, grain size and structure of materials; CASING INSTALLED: and show thickness and nature of each stratum and aquifer penetrated, Threaded | Welded 12 with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates. 151 ft. Gage : 250 MATERIAL From ft. to _____ ft. Gage ____ 3 us of gravel with clauston 3 15 **PERFORATIONS:** Perforated? | Yes No. brown med with claystone 141 pe of perforator used Size of perforations in. by 150 184 perforations from _____ft. to ____ 184 238 perforations from ft. to perforations from _____ ft. to _ ... perforations from ft. to perforations from (7) SCREENS: Well screen installed? ☐ Yes WNo ... Model No Diam. Slot size Set from Diam. Slot size Set from (8) WATER LEVEL: Completed well. tic level Surface ft. below land surface Date 4-27-70 esian pressure. lbs. per square inch Date 4-27-70 Drawdown is amount water level is lowered below static level (9) WELL TESTS: Was a pump test made? 🗌 Yes 🔀 No If yes, by whom? Work started 1976 Completed gal./min. with ft. drawdown after hrs. Date well drilling machine moved off of well Drilling Machine Operator's Certification: This well was constructed under my direct supervision. Materials used and information reported above are true to my best 15 gal./min. with/00 ft. drawdown after g.p.m. Date 4-27-70 knowledge and belief. Artesian flow Date 3-2, 1970 Temperature of water Was a chemical analysis made? 🗌 Yes 😿 No 33 sacks (10) CONSTRUCTION: Drilling Machine Operator's License No. Well seal-Material used Cement Pressure arou Depth of seal 5 into black roc Water Well Contractor's Certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Diameter of well bore to bottom of seal Were any loose strata cemented off? Tyes WNo Depth .. Person, firm or corporation) NAME Was a drive shoe used?
☐ Yes ☐ No (Type or print) Did any strata contain unusable water?

Yes No RMISTOH ORF. Type of water? depth of strata Method of sealing strata off Was well gravel packed? ☐ Yes ☑ No Contractor's License No. 65 Date Gravel placed from ___ ft. to _____



OREGON Oregon Water Resources Department 725 Summer Street NE, Suite A Salem Oregon 97301 (503) 986-0900 www.oregon.gov/owrd

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.	RECEIVED
Do not complete if the well and any new a view leaves, see well and a view leaves, see well and a view leaves,	APR 7 2023
I. OWNER INFORMATION	OWHD
Current Owner Name (please print): HERITAGE IMPROVEMENT DIST	RIC)
Mailing Address: P.O. 13 n.V. 1612	
City, State, Zip: PENDLETON, ORE. 97801	
Mail Well ID to: SAME AS ABOVE In Care Of (C/O)	
Name & Address:	
City, State, Zip:	
II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township:	
SUBMITTED BY (please print): GARY L. ALGER/DRC.	•
SUBMITTED BY (please print): GIFFE C. TILE GO (C. T. C.) GO	100 is 6 200
PHONE: 541-420-8640 EMAIL &/or FAX: hidpendlo TON @g	
To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.	
For Official Use Only by the Oregon Water Resources Department:	
Received Date: Well Report Number:	Well Identification #:
4-7-23 VMAT 1052	L-15/4/2

From: GOSS William H <William.H.GOSS@oha.oregon.gov>

Sent: Thursday, April 13, 2023 10:59 AM

To: ASHLEY Ladeena K * WRD

Subject: RE: well ID numbers and correction for abandoned well

Attachments: well head and sample tap UMAT 1033.jpg; old well not in use UMAT 1052.jpg

Hello -

The forms were filled out by the water system operator, Gary Alger, not me. I am however very familiar with the water system.

I have shown the well locations below. Both of them are located inside small outbuildings. The attached pics of the wells were taken in June 2021.



William Goss, P.E.

Regional Engineer
OREGON HEALTH AUTHORITY

Public Health Division Drinking Water Services

william.h.goss@oha.oregon.gov

Desk: 541-966-0900 Fax: 541-276-4778 healthoregon.org/dwp