

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) #

76378

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

(1) OWNER:

Name Mary Ellen Johnson, Address Rt 3 Box 5652, City Hermiston, State OR, Zip 97838

Well Number

(9) LOCATION OF WELL by legal description:

County Umatilla, Township 4 N or S Range 28 E or W. WM. Section 1 NW 1/4 SE 1/4, Tax Lot 700, Street Address of Well

(2) TYPE OF WORK

New Well, Deepening, Alteration, 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, Explosives used, Depth of Completed Well 63 ft.

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

How was seal placed: Method A, B, C, D, E

Backfill placed from, Gravel placed from

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) 19

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Casing, Liner

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

Table with columns: Pump, Bailer, Air, Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water 58, Depth Artesian Flow Found, Was a water analysis done?

(10) STATIC WATER LEVEL:

18 ft. below land surface, Date 4-17-96, Artesian pressure, lb. per square inch.

(11) WATER BEARING ZONES:

Depth at which water was first found 18

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:

Ground Elevation

Table with columns: Material, From, To, SWL

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MAY - 6 1996

WATER RESOURCES DEPT. SALEM, OREGON

Date started 4-17-96 Completed 4-17-96

(unbonded) Water Well Constructor Certification:

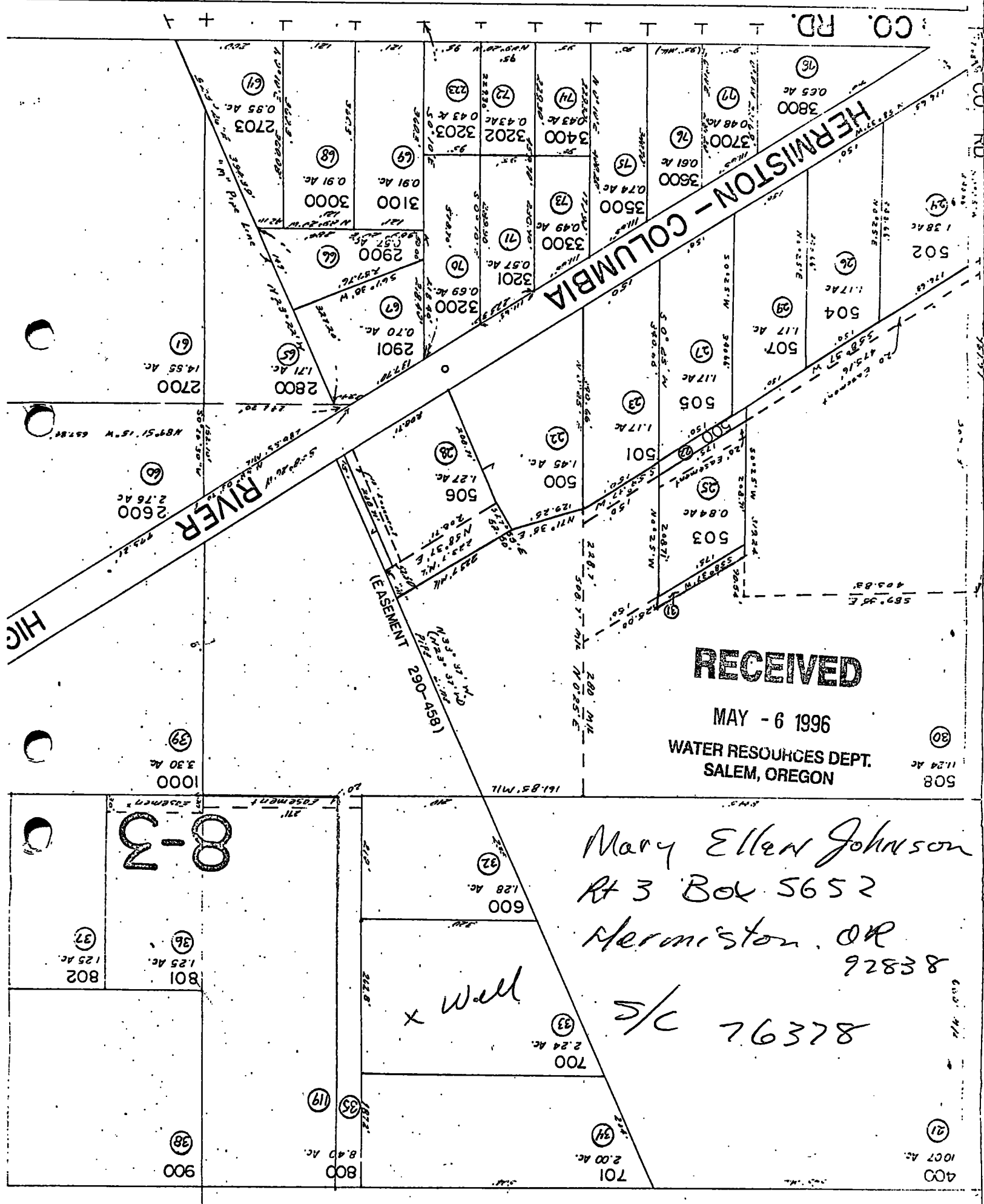
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

Signed, Date, WWC Number

(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.

Signed, Date, WWC Number



UMAT 50131



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

Application for Well ID Number

Do not complete if the well already has a Well I.D. Number.

I. OWNER INFORMATION

Mary E Johnson c/o Linda Pitts

Current Owner Name (please print): _____

Mailing Address: P.O. Box 578 _____

City: Cornell State: WA Zip: 99326

Mailing Address (to send Well I.D.): Bill Porfily, P.O. Box 643 _____

City: Stanfield State: OR Zip: 97875

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 4 North (North/South) Range: 28 East (East/West) Section: One

Tax Lot: 700 County: Umatilla NW 1/4 SE 1/4

Street Address of Well: N Townsend Road City: Hermiston

Owner at time the well was constructed, (if known): Mary Ellen Johnson

If the property had a different street address in the past: Rte 3 Box 5652

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic & Irrigatio

Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____

Other Information: Please refer to attached Well Log Umat 50131

SUBMITTED BY (please print): Bill Porfily

PHONE: (541) 449-1327 FAX: (541) 449-1327

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MAR 05 2013

WATER RESOURCES DEPT
SALEM, OREGON

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

3-5-13

Well Log Number:

UMAT 50131

Well Identification #:

L111227