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51667

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

WELL I.D. # L12673 (START CARD) # 91483

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

(1) OWNER: Well Number _____
Name Charles Tracts Water Co. Inc
Address 81180 Hwy 395 N
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 337 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>6</u>	<u>326</u>	<u>337</u>	<u>Cement</u>	<u>70</u>	<u>97</u>	<u>40 SKS</u>

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>5</u>	<u>277</u>	<u>237</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>277</u>	<u>337</u>	<u>3/8</u>	<u>240</u>	<u>5</u>	<u>D</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 200 Drawdown _____ Drill stem at 337 Time 1 hr.

Temperature of water 56 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 27 NW 1/4 SE 1/4
Tax Lot 2400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 395 Hermiston

(10) STATIC WATER LEVEL:
151 ft. below land surface. Date 5-21-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 151

From	To	Estimated Flow Rate	SWL
<u>312</u>	<u>337</u>	<u>200</u>	<u>151</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Back Filled To 99 FT</u>			
<u>Cement Bottom of 8' Casing & Cavity</u>			
<u>Installed 5" liner into 6" liner to bottom of well at 337</u>			
<u>Drilled Blue Clay & Red cinders From</u>			
		<u>312</u>	<u>337</u>
RECEIVED			
JUN 11 1998			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 5-19-98 Completed 5-22-98

(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.
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 J. Brown Date 5-27-98