

UMAT
53192

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

WELL I.D.# L 27561
START CARD # 91420

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

(1) OWNER: Well Number _____
Name SAM Nobles
Address 29563 Lind Rd
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 263 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|----------|------|-----|-----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 12 | 0 | 39 | Bentonite | 0 | 39 | 26 SKS |
| 8 | 39 | 105 | Cement | 70 | 105 | 8 SKS |
| 6 | 105 | 263 | | | | |

How was seal placed: Method A B C D E
 Other Bentonite Dry Grout
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: 8 | +1 | 39 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6 | -5 | 105 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) 105

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailor Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|--------------|
| <u>100+</u> | | <u>263</u> | <u>1 hr.</u> |

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 21 NE 1/4 5W 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 12-14-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 28 | 80 | 200 | 28 |
| 176 | 255 | 100 | 33 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|--------------------|------|-----|-----|
| Silt | 0 | 14 | |
| Clay & gravel | 14 | 28 | |
| Fractured Basalt | 28 | 80 | |
| Black Basalt | 80 | 176 | |
| Fractured Basalt | 176 | | 33 |
| seams of Blue Clay | | 255 | |
| Black Basalt | 255 | 263 | |

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JAN 07 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-9-98 Completed 12-14-98

(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.
Signed _____ WWC Number _____ 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.
Signed [Signature] WWC Number 759 Date 12-17-98