

UMAT
53435

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JUN 1 1999

WELLS ID. # 29297

START CARD # 116741

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

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Larry Hull Well Number _____

Name Larry Hull
Address 1601 Vincent Lane
City Hermission State Oregon

(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 185 ft.

Explosives used Yes No Type _____ Amount _____
HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	20	Gravel	0	20	
8"	20	68	Gravel	48	68	10 bags
6"	68	185	Gravel			

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
8"	12	58	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	48	68	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Size	Number	Diameter	Material	Telepipe	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

Yield gallons	Drawdown	Drill stem at	Time
30	—	184	1 hr.

Temperature of water 57.0 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 NE 1/4 SE 1/4
Tax Lot 0112 Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 5-18-99
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWI
22	185	70 +	—
169		30	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWI
Top Soil (Sand)	0	2	
Coarse Sand	2	32	
Med. Sand	32	52	
Fine Sand	51	57	
Gravel	57	58	
Black Basalt	58	152	
Gray Basalt	152	167	
Black Basalt (Soft)	169	185	
Water			21

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JAN 4 2001
SEP 20 1999
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-17-99 Completed 5-18-99
(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 Z. B. O'Connor WWC Number 1719 Date 5-19-99