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

WATER RESOURCES DEPT. WELL I.D. # L. 27929
SALEM, OREGON WATER RESOURCES DEPT. SALEM, OREGON PERMIT # 53436

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

(1) OWNER: Well Number _____
Name Monte Burmester
Address Rt. 1, Box 1099
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 792 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8"	240	792	N/A			

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	
					Tele/pipe size	Casing
					<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 Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown _____ Drill stem at 792 Time 1 hr.

Temperature of water 65° 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 5N N or S Range 28E E or W. WM.
Section 24 W 1/2 1/4 SW 1/4
Tax Lot 502 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Bensel Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 2-25-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 544

From	To	Estimated Flow Rate	SWL
544	575	50	120
634	650	100	120
713	761	200	120

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Existing well	0	240	
Gray basalt	240	309	
Black & brown basalt	309	339	
Gray basalt	339	417	
Black basalt	417	423	
Gray basalt	423	466	
Brown & gray basalt	466	544	
Red & brown basalt	544	575	WB
Gray basalt	575	634	
Red & brown basalt	634	650	WB
Gray basalt	650	713	
Black basalt with green soapstone	713	761	WB
Gray basalt	761	792	

Date started 2-12-99 Completed 2-25-99

(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.
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 1218
Signed Patrick Waller Date 2-28-99