

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

UMAT
 53610

WELL I.D.# L15314

(START CARD) # 102703

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

(1) OWNER: Well Number _____
 Name Michael D. or Lorraine McLaughlin
 Address 16325 SW Masonville Rd.
 City McMinnville State OR Zip 97128

(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 175 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10"</u>	<u>0</u>	<u>79</u>	<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>12 sacks</u>
<u>6"</u>	<u>79</u>	<u>175</u>	<u>Cement</u>	<u>71</u>	<u>79</u>	<u>4 sacks</u>
<u>Bottom</u>						

How was seal placed: Method A B C D E
 Other Top seal, poured 7/8" bentonite
 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: <u>6"</u>	<u>+1</u>	<u>79</u>	<u>.250</u>	<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) 79

(7) PERFORATIONS/SCREENS:

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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>150</u>		<u>175</u>	<u>1 hr.</u>

Temperature of water 62° 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 4N N or S Range 29E E or W. WM.
 Section 6 NW 1/4 NW 1/4
 Tax Lot 2100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt. 5, Box 5365
W. Punkin Center, Hermiston, OR 97833

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 1-20-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 65

From	To	Estimated Flow Rate	SWL
<u>65</u>	<u>71</u>	<u>8</u>	<u>20</u>
<u>165</u>	<u>175</u>	<u>150</u>	<u>20</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Sand, brown</u>	<u>0</u>	<u>65</u>	
<u>Sand, gray</u>	<u>65</u>	<u>71</u>	<u>WB</u>
<u>Gray basalt</u>	<u>71</u>	<u>165</u>	
<u>Gray basalt, broken</u>	<u>165</u>	<u>175</u>	<u>WB</u>

RECEIVED

OCT 20 1998

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 1-16-98 Completed 1-20-98

(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 1218
 Signed Patrick Wallace Date 2-10-98