

UMAT
53725

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

FEB 25 2000

WELL I.D. # L 08529
START CARD # 91450

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

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Well Number _____
Name Monte or Linde 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 135 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
15"	0	20	Bentnite	0	20	32 sacks
10"	20	135				

How was seal placed: Method A B C D E

Other Poured 7/8" bentonite

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10"	±1	135-241	24	<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) 135

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
From	To	From	To						
								<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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Time
500		135	1 hr.

Temperature of water 61° 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: _____

LOCATION OF WELL by legal description:

County Umatilla Latitude _____ Longitude _____
Township 2N N or S Range 28E E or W. WM. _____
Section 33 NE 1/4 NE 1/4 _____
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Clemm Rd.
Hermiston OR 97838

(10) STATIC WATER LEVEL:

90 ft. below land surface. Date 3-18-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 106

From	To	Estimated Flow Rate	SWL
106	135	500	90

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy soil	0	2	
Sand	2	106	
Sandy gravel	106	135	WB

Date started 3-17-97 Completed 3-18-97

(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 4-15-97