

2

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

WELL I.D. # L-26535
START CARD # 116088

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

(1) OWNER: Well Number _____
Name Kelly Madel
Address 30522 old Fork Rd
City HERMISTON State OREGON 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 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bentonite	0	20	750 lbs.
8"	20	160				

How was seal placed: Method A B C D E
 Other Pour Chips in Back side of pipe
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8"	+2	158	.230	<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) 158'

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
 Artesian
Yield gal/min 60 Drawdown _____ Drill stem at _____ Time _____
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 5N N or S Range 28E E or W. WM. _____
Section 36C SW 1/4 SW 1/4 _____
Tax Lot 900 Lot 12 Block _____ Subdivision _____
Street Address of Well (or nearest address) off Pumpkin Center Rd

(10) STATIC WATER LEVEL:
82 ft. below land surface. Date 6-28-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 140'

From	To	Estimated Flow Rate	SWL
148	160		82

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BR. Sand	0	125	
Sand BR + Clay BR	125	148	
Gravel Multicolors	148	160	82

RECEIVED RECEIVED
DEC 18 2006 OCT 19 2000

WATER RESOURCES DEPT
SALEM, OREGON WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-28 Completed 6-28-99

(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 Jody Carpenter WWC Number 1669
Date 6-28-99

(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 Jody Carpenter WWC Number 1669
Date 6-28-99