

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

UMAT
53967

WELL I.D. # L 626536
START CARD # 116103

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

(1) OWNER: Well Number _____
Name Kelly Medelez
Address 30522 Old Field 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 158 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>12</u>	<u>0</u>	<u>18</u>	<u>Benonite</u>	<u>0</u>	<u>18</u>	<u>800 lbs.</u>	
<u>8</u>	<u>18</u>	<u>156</u>					

How was seal placed: Method A B C D E
 Other Down Back Side 8" Benonite
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
<u>8</u>	<u>+2</u>	<u>156</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Linor: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Case/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"/>
							<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 1 hr.

Temperature of water 59 Depth Artesian Flow Found _____
Was a water analysis done? No 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 36 SW 1/4 SW 1/4
Tax Lot 11 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 30522 Old Field Rd

(10) STATIC WATER LEVEL:
85 ft. below land surface. Date 5-26-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 125'

From	To	Estimated Flow Rate	SWL
<u>146</u>	<u>158</u>		<u>85</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Sand + Clay BR.</u>	<u>0</u>	<u>122</u>	
<u>Sandy Clay</u>	<u>122</u>	<u>146</u>	
<u>Multi-Colored Gravel</u>	<u>146</u>	<u>158</u>	<u>85</u>

RECEIVED

DEC 18 2000

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON

OCT 19 2000

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-27 Completed 6-27-99
(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 Casper WWC Number 1669 Date 6-27-99

(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 Casper WWC Number 1669 Date 6-27-99