

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

WELL I.D. # L 44482
START CARD # 129891

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

(1) OWNER: Well Number _____
Name Thomas Scott or Sharon M. Tullis
Address 32293 E. Loop Rd.
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 500 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	390	500	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	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	5"	143	500 .250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
460	500	1/4x3"	3 Rows	5"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Perforations Method Torchcut
 Screens Type _____ Material _____

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
60		500	1 hr.

Pump Bailer Air Artesian
Temperature of water 68° 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 7 SE 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32293 E. Loop Rd.
Hermiston, OR 97838

(10) STATIC WATER LEVEL:
357 ft. below land surface. Date 12-16-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 452

From	To	Estimated Flow Rate	SWL
452	500	60	357

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Existing hole, 8" diameter	0	390	
Gray basalt	390	431	
Black basalt	431	452	
Black basalt with soapstone	452	500	WB

Recondition procedure:
Deepened hole, 6"
from 390 ft. to 500 ft.
Installed 5" steel
liner from 143 ft.
to 500 ft. Perforated
liner from 460 ft.
to 500 ft.

FEB 16 2001
WATER RESOURCES
SALEM, OREGON

Date started 11-22-00 Completed 12-16-00

(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 12-30-00