

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

UMAT
54728

WELL I.D. # L 26557
START CARD # 130188

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

(1) OWNER: Well Number 1
Name Sam Nobles
Address 822 S Hwy 395 PAB 234
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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20'	Bentonite	0	20'	20 Sacks
8"	20	220				

How was seal placed: Method A B C D E
 Other Poured Hole Plug

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

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

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+1	19	.250	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method N/A

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	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	Drawdown	Drill stem at	Time
10		200'	1 hr.

Temperature of water 56' 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 5 N or S Range 28 E or W. WM.
Section 21 NE 1/4 SE 1/4
Tax Lot 505 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N/A

(10) STATIC WATER LEVEL:
58 ft. below land surface. Date 12-16-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 155'

From	To	Estimated Flow Rate	SWL
155	215	10 GPM	58

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand, silt, topsoil	0	12	
Black Basalt	12	155	
Pours, Fractured Basalt	155	175	
Basalt & green clay	175	215	
Black Basalt	215	220	

RECEIVED

APR 12 2004

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JAN 06 2003

JAN 13 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 12-10-02 Completed 12-16-02

(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 1747
Signed SK [Signature] Date 12-17-02