

UMAT 54863  
 Umat  
 54863

54999

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

WELL I.D. # L 54999  
 START CARD # 140916

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

(1) LAND OWNER John Hansel Well Number \_\_\_\_\_  
 Name John Hansel  
 Address 28266 STAFFORD HANSEL RD  
 City Nermiston 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 844  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	542	844	cement	310	520	136 SKS

How was seal placed: Method  A  B  C  D  E  
 Other pressure cemented liner  
 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"/>
				<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/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"/>

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

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2500+		844	1 hr.

Temperature of water 58° 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 4  N or S Range 27  E or W. WM.  
 Section 27 NE 1/4 SW 1/4  
 Tax Lot 1891 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
313 ft. below land surface. Date 6-28-03  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 313 ~~532~~

From	To	Estimated Flow Rate	SWL
532	562	1200	313

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Fractured	542	562	313
Black Basalt	562	575	
Grey Basalt	562	693	
Black Basalt	693	706	
Grey Basalt	706	719	
Fractured Basalt	719	731	
Black Basalt	731	790	
Grey Basalt	790	825	
visicular Basalt	825	841	
Fractured Black Basalt	841	844	

RECEIVED  
 JUL 02 2003  
 WATER RESOURCES DEPT  
 SALEM OREGON

RECEIVED  
 JUL 21 2003  
 WATER RESOURCES DEPT  
 SALEM OREGON

Date started 5-27-03 Completed 6-25-03

(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 759  
 Signed [Signature] Date 6-28-03