

UMAT 54882

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 51320
START CARD # 152593

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

(1) LAND OWNER Mike Ledbetter Well Number _____
Name Mike Ledbetter
Address 32127 Myrtlewood Ln
City Hermiston State OR Zip 97131

(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 269 ft.
Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Sacks or pounds
	From	To		From	To	
12	0	20	Hotglug	0	20	79
8	20	145	Cement	126	145	600 142
6	145	260				

How was seal placed: Method A B C D E
 Other Sealed
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8	12	136	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6"	125	145	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) 145 - 136

(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 Artesian
Yield gal/min 20 Drawdown — Drill stem at 258 Time 1 hr.

Temperature of water 57° 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 W or W. WM.
Section 36 SE 1/4 5E 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 32127 Myrtlewood Ln

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 12-23-02
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
125	136	20	—
248	258	20	65

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
light Brown Sand	0	28	
Brown Sand	28	110	
Black Sand (fine)	110	125	
Sand & Gravel	125	136	
Black Basalt	136	239	
Gray Basalt	239	252	
Soft Black Basalt	252	258	65
(water)			
with Red & Green Springs			
Black Basalt	258	260	

RECEIVED
AUG 12 2003
WATER RESOURCES
SALEM, OREGON
RECEIVED
AUG 04 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-19-02 Completed 12-23-02

(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 1719
Signed Zyle O. Amos Date 12-26-02