

umat 50 UMAT 54883

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

WELL I.D. # 51321
START CARD # W152598

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

(1) OWNER: Well Number _____
Name Dennis Culp
Address 80605 Culp Lane
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 290 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL					
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	20	Hole Plug				
8	20	143	Cement				
6	143	290					

How was seal placed: Method A B C D E
 Other Poured
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: 8	12	143	2.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	123	143	X	<input 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) 8" 123" 6" 143"

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>50+</u>	<u>---</u>	<u>288</u>	<u>1 hr.</u>

Temperature of water 57.0 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 or S Range 28 or W. WM.
Section 36 1/4 SE 1/4
Tax Lot 01107 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 80605 Culp Lane

(10) STATIC WATER LEVEL:
72 ft. below land surface. Date 12-29-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 135

From	To	Estimated Flow Rate	SWL
<u>130</u>	<u>135</u>	<u>20</u>	<u>72</u>
<u>273</u>	<u>297</u>	<u>50+</u>	<u>72</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Light Brown Sand	0	21	
Brown Sand	21	111	
Black Sand	111	129	
Gravel	129	136	
Black Basalt	136	241	
Gray Basalt soft (S.G.M.)	241	258	
Black Basalt	258	275	
Black Basalt with Red + Green stringer	275	287	72
Water 50			
Black Basalt	287	290	

RECEIVED

AUG 12 2005

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

AUG 04 2003

WATER RESOURCES DEPT
SALEM, OREGON

Date started 12-26-02 Completed 12-27-02

(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.
Signed _____ Date _____ WWC Number _____

(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 Zyl O. O. O. WWC Number 1719 Date 12-31-02