

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

WELL I.D. # L 41905
START CARD # 158623

Umat
55086

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

(1) LAND OWNER Well Number _____
Name Ray Thomas
Address 30528 Carolyn ST
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: 443
Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		
Diameter	From	To	Material	From	To
<u>6</u>	<u>325</u>	<u>443</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 _____

Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Liner: <u>4 1/2</u>	<u>-3</u>	<u>443</u>	<u>40</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS: skil saw
 Perforations Method _____ Type _____ Material _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>423</u>	<u>443</u>	<u>1/8 x 6</u>	<u>80</u>			<input type="checkbox"/>	<input checked="" 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 Artesian	Time
<u>50+</u>		<u>443</u>	<input checked="" type="checkbox"/>	<u>1 hr.</u>
			<input type="checkbox"/>	

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 5 N N or S Range 28 E E or W. WM.
Section 34 SW 1/4 SW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL: 124 ft. below land surface. 124 Date 2-6-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 215

From	To	Estimated Flow Rate	SWL
<u>415</u>	<u>443</u>	<u>50+</u>	<u>124</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Brown Basalt</u>	<u>325</u>	<u>333</u>	<u>124</u>
<u>Black Basalt</u>	<u>333</u>	<u>368</u>	
<u>Blue Clay</u>	<u>368</u>	<u>385</u>	
<u>Black Basalt</u>	<u>385</u>	<u>400</u>	
<u>Visicular Basalt</u>	<u>400</u>	<u>415</u>	
<u>Fractured Black Basalt</u>	<u>415</u>	<u>443</u>	

RECEIVED

MAR 17 2004

RECEIVED

FEB 25 2004	WATER RESOURCES DEPT SALEM, OREGON
WATER RESOURCES DEPT SALEM, OREGON	

Date started 1-28-04 Completed 2-6-04

(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 2-10-04