

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

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

Umat  
55103

WELL I.D. # 65219  
START CARD # 157298

(1) OWNER: Well Number \_\_\_\_\_

Name Bonnie Simpson  
Address Megan Lane  
City Hermiston State WA Zip 97111

(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 159 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sack/pounds	
10	0	20	Hydopleg	0	20	17	
6	20	160					

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: 6	+1	160	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) 15

(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
50	—	158	1 hr.

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  N or S Range 28  E or W. WM.  
Section 36 SW 1/4 SW 1/4  
Tax Lot 1500 Lot 5 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Megan Lane Hermiston, Oregon

(10) STATIC WATER LEVEL:

90 ft. below land surface. Date 1-13-03  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	160	50	90

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Sand	0	20	
Course Brown Sand	20	80	
Fine Sand	80	110	
Course Sand	110	130	
Black Sand Fine	130	149	
Course Sand	149	160	
Sand & Gravel	154	160	90
Water			

RECEIVED

MAR 25 2004

RECEIVED

AUG 12 2005

WATER RESOURCES DEPT  
SALEM, OREGON

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 1-12-04 Completed 1-13-04

(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 1719  
Signed Z. G. O. Amore Date 1-14-03