

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

JUN 14 2004

WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L ~~69981~~ 69981
START CARD # W 165149

Instructions for completing this report are on the back of this form.

(1) LAND OWNER Well Number _____
Name Steve & Bonnie Simpson
Address Sun Meadows lot 2
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 156
Explosives used Yes No Type _____ Amount _____

| HOLE | | | | SEAL | | | |
|----------|------|-----|-----------|------|----|-----------------|--|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 10 | 0 | 20 | Hole Plug | 0 | 20 | 97 | |
| 6 | 20 | 155 | | | | | |

How was seal placed: Method A B C D E
 Other loured
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 | +2 | 155 | 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"/> |

Drive Shoe used Inside Outside None
Final location of shoe(s) 155

(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"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 40 | - | 154 | 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 E or W. WM.
Section 36 SW 1/4 SW 1/4
Tax Lot 1200 Lot 2 Block _____ Subdivision _____
Street Address of Well (or nearest address) Sun Meadows L

(10) STATIC WATER LEVEL:
88 ft. below land surface. Date 5-17-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

| From | To | Estimated Flow Rate | SW |
|------|-----|---------------------|----|
| 90 | 155 | 40 | 8' |
| | | | |
| | | | |
| | | | |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|---------------|------|-----|-----|
| Brown Sand | 0 | 23 | |
| course sand | 23 | 68 | |
| med sand | 68 | 122 | |
| course sand | 122 | 132 | |
| Black Sand | 132 | 141 | |
| Fine Sand | 141 | 153 | |
| Sand + gravel | 153 | 155 | |
| Black Basalt | 155 | | |

Date started 5-17-04 Completed 5-17-04

(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.
Signed _____ WWC Number _____
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.
Signed J. O. Amor WWC Number 1719
Date _____