

\* CORRECTION \*  
(9)

Umat 55174  
LOST!

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

(WELL I.D.) # LS435 161742  
(START CARD) # 162347

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Kent MADISON  
Address 29229 MADISON RD  
City ECHO State OR Zip 97826

(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 ASR

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 693' ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>12"</u>	<u>625</u>	<u>693</u>				

How well 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 \_\_\_\_\_

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water \_\_\_\_\_ 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 3N N or S Range 27E E or W WM.  
Section 21 25 SE 1/4 SE 1/4  
Tax Lot 5900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 200 YARDS OFF SAYLOR ROAD ECHO OR

(10) STATIC WATER LEVEL:  
482 ft. below land surface. Date 6-15-04  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Grey BASALT</u>	<u>625</u>	<u>662</u>	
<u>UBICULAR BASALT</u>	<u>662</u>	<u>684</u>	
<u>Black BASALT</u>	<u>684</u>	<u>693</u>	

RECEIVED

FEB 20 2009

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 4-20-04 Completed 6-10-04

(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 [Signature] WWC Number 1735  
Date 6-15-04

(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 [Signature] WWC Number 544  
Date 6-15-04

Amended

2ND VERSION UMAT 55174

LOST!

STATE OF OREGON WATER SUPPLY WELL REPORT

(WELL I.D.#) L-65435 161742 (START CARD) # 162347

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

(1) OWNER: Kent Madison, Well Number, Address 24221 Madison Rd, City Echo, State OR, Zip 97826

(2) TYPE OF WORK: Alteration (repair/recondition)

(3) DRILL METHOD: Rotary Air

(4) PROPOSED USE: Other ASR

(5) BORE HOLE CONSTRUCTION: No, Depth of Completed Well 693'

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Includes entry for 12" diameter, 625-693' depth, Cement, 249-40' length, 6 yds.

How well seal placed: Method A, B, C, D, E. Backfill placed from 0 ft to 0 ft. Gravel placed from 0 ft to 0 ft.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. Pump, Bailer, Air, Flowing Artesian. Yield, Drawdowns, Drill stem, Time.

Temperature of water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?, Depth of strata.

(9) LOCATION OF WELL by legal description: County Umatilla, Township 3N, Range 27E, Section 27, Tax Lot 5900, Street Address of Well 200 Yards off Saylor Road Echo OR.

(10) STATIC WATER LEVEL: 492 ft. below land surface. Date 6-15-04.

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

Table with columns: From, To, Estimated Flow Rate, SWL.

(12) WELL LOG: Ground Elevation.

Table with columns: Material, From, To, SWL. Includes entries for Grey Basalt, Black Basalt, Reamed 8" to 12".

RECEIVED

DEC 06 2004 RECEIVED

WATER RESOURCES DEPT JUN 23 2004 SALEM, OREGON

WATER RESOURCES DEPT SALEM, OREGON

RECEIVED JUL 22 2004 WATER RESOURCES DEPT SALEM, OREGON

Date started 4-20-04 Completed 6-10-04 (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.

Signed [Signature] WWC Number 1735 Date 6-15-04

(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.

Signed Larry Rind WWC Number 544 Date 6-15-04

LOST!

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

UMAT 55174

(WELL I.D.) # L 65435 161742  
(START CARD) # 162347

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

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

Name Kent MADISON  
Address 29221 MADISON RD  
City ECHO State OR Zip 97826

(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 ASR

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 693'  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Material	From	To	Sacks or pounds
Diameter	From	To	From				
12"	625	693					

How well 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 \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_

From	To	Slot size	Number	Diameter	Material	Tele./pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water \_\_\_\_\_ 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 3N N or S Range 27E E or W WM.  
Section 27 SE 1/4 SE 1/4  
Tax Lot 5900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 200 YRDS ORR Saylor Road Echo OR

(10) STATIC WATER LEVEL:  
482 ft. below land surface. Date 6-15-04  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
Grey BASALT	625	662	
UBICULAR BASALT	662	684	
Black BASALT	684	693	
Reamed 8" to 12"	625	693	

RECEIVED  
JUN 23 2004  
WATER RESOURCES DEPT  
SALEM, OREGON

RECEIVED  
JUL 22 2004  
WATER RESOURCES DEPT  
SALEM, OREGON

Date started 4-20-04 Completed 6-10-04

(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 [Signature] WWC Number 1735  
Date 6-15-04

(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 Larry Burch WWC Number 544  
Date 6-15-04

0000

6  
55.960

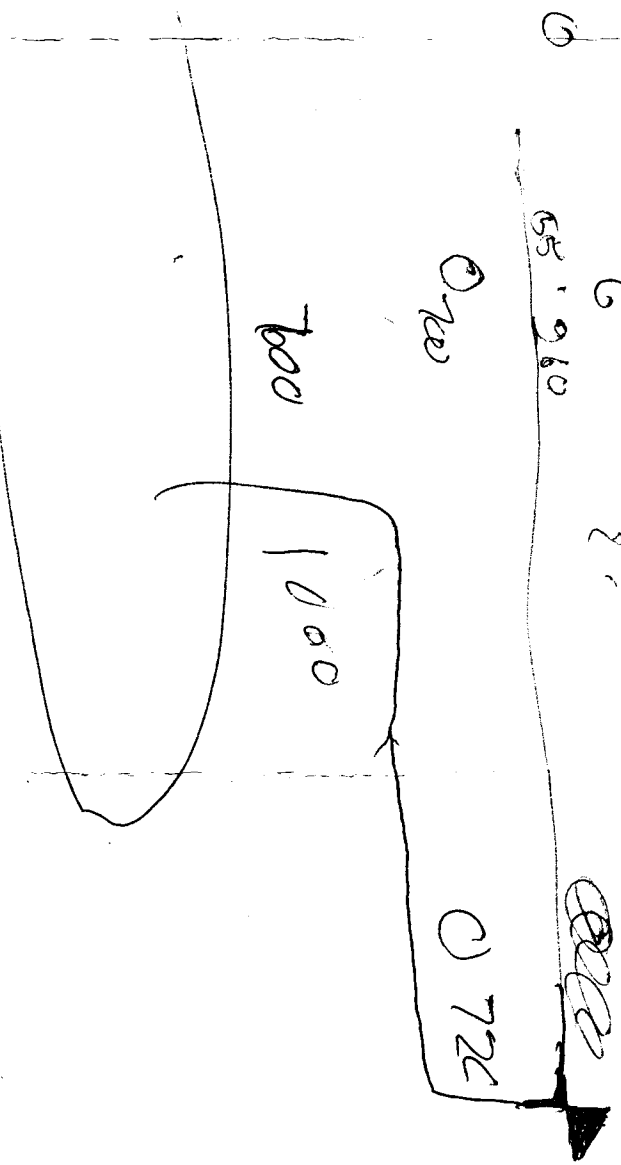
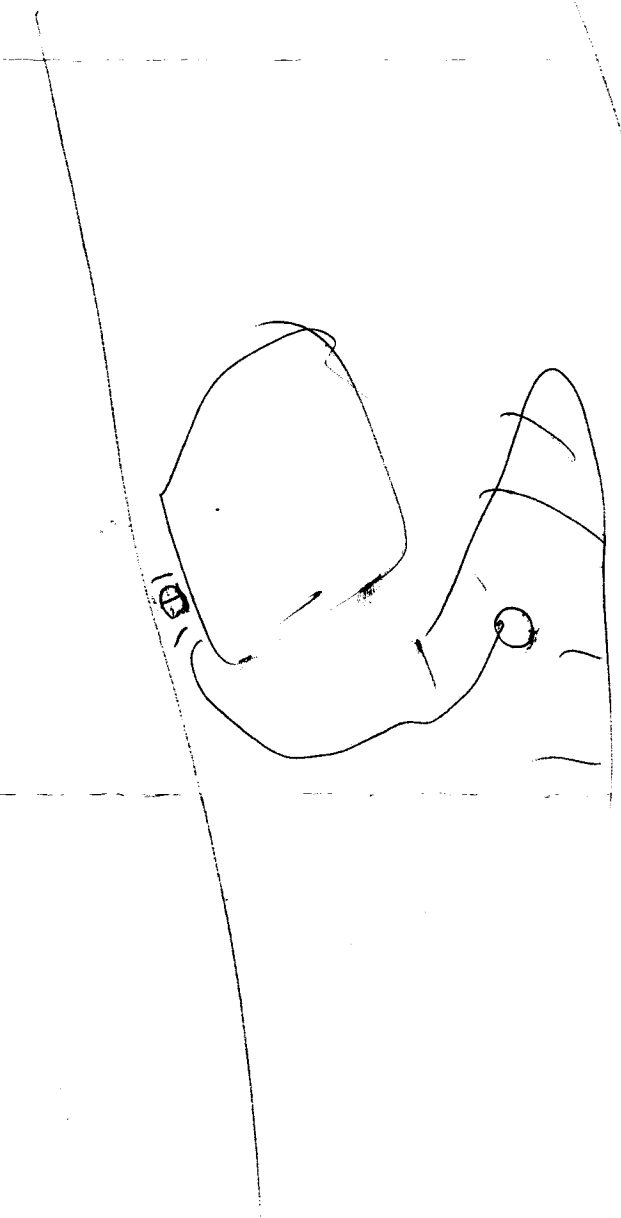
0.700

700

1000

0.720

~~0.720~~





Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301  
 (503) 986-0900  
 www.oregon.gov/owrd

# Application for Well ID Number

RECEIVED

**Do not complete if the well already has a Well Identification Number.**

APR 30 2026

OWRD

**I. OWNER INFORMATION**

Current Owner Name (please print): \_\_\_\_\_

Mailing Address: MADISON RANCHES INC; JAKE MADISON

City, State, Zip: 29299 MADISON RD ECHO, OR 97826

Mail Well ID to:  SAME AS ABOVE  In Care Of (C/O)

Name & Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**II. WELL LOCATION INFORMATION** (Please fill out as completely as possible)

Township: 3 N (North / South) Range: 27 E (East / West) Section: 25 SE 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 5910 County Umatilla

GPS Coordinates: 45.70488247, -119.37712277

Street Address of Well, City: 28623 MADISON RD (N of; no address) {Lot 1}

If the property had a different street address in the past: NA

**III. GENERAL WELL INFORMATION** (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): ASR / Irrigation, ASR Well

Date Well Constructed (or property built): 7-17-1960 Total Well Depth: 693' (dp '90) Casing Diameter: 12"

Owner at time the well was constructed (if known): Geo. Wallace / B O Lake Well Report # (if known): UMAT 1166, 5430, 55174

Other Information: Referred to as the "Deep Well". Well ID # L 65435 LOST! Need replacement tag

SUBMITTED BY (please print): Casey McGuire

PHONE: 541-633-9558 EMAIL &/or FAX: cmcguire@gsiws.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.  
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

**\*REPLACEMENT\***

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>4-30-2026</u>	Well Report Number: <u>UMAT 1166 (original)</u> <u>UMAT 5430 (deepened)</u> <u>UMAT 55174 (alt)</u>	Well Identification #: <u>L-161742</u>
------------------------------------	--	---