

* UNREGISTERED *

Umat 55174

(9)

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

(WELL I.D.) # L 65435
(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
Yield gal/min	Drawdown	Drill stem at	Artesian
			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

UMAT 55174

UMAT 55174

VERSION

UMAT 55174

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 337.765)

(WELL I.D.#) L 65435
(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		SFAL			
Diameter	From To	Material	From To	Sacks or pounds	
12"	629-693	Cement	249-40'	6 yds	

120 lbs pressure

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	Material	Tube/pipe size	Casing	Liner
							<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 _____ 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 YIDS ORR
SAYLOR ROAD ECHO OR

(10) STATIC WATER LEVEL:
492 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
Grey Basalt	625	662	
Urbicular Basalt	662	684	
Black Basalt	684	693	
Reamed 8" to 12"	625	693	

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. 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

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

UMAT 55174

(WELL I.D.) # L 65435
(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
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	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		Screens		Material			
From	To	Slot size	Number	Diameter	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 5700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 200 YIDS OFF Saylor Road Echo OR

(10) STATIC WATER LEVEL:
492 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
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

