

UMAT 55194

**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
55194

WELL I.D. # L 69878
START CARD # W165148

(1) **LAND OWNER** Well Number _____
Name Bonnie Simpson
Address Megan Lane 31304
City Hermiston State Oregon Zip _____

(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 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
6	0	20	Adgplng	0	20	9.7	
	6	20			160		

How was seal placed: Method A B C D E
 Other caused

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 158 ft. to 160 ft. Size of gravel 2"

(6) **CASING/LINER:**

Casing:	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
	6	+2	160	25c	<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) 160

(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

Yield gal/min	Drawdown	Drill stem at	Time
<u>30</u>	<u>—</u>	<u>159</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

Temperature of water 57° Depth Artesian Flow _____
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 S N or S Range 28 E or W WM
Section 36 SW 1/4 SW 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Megan Lane

(10) **STATIC WATER LEVEL:**
90 ft. below land surface. Date 3-20-04
Artesian pressure _____ lb per square inch Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found 101

From	To	Estimated Flow Rate	SWL
<u>101</u>	<u>100</u>	<u>30</u>	<u>90</u>

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
<u>Brown Sand</u>	<u>0</u>	<u>26</u>	
<u>Coarse Brown Sand</u>	<u>26</u>	<u>80</u>	
<u>Fine Sand</u>	<u>80</u>	<u>100</u>	
<u>Black Sand Fine</u>	<u>100</u>	<u>176</u>	
<u>Coarse Sand</u>	<u>136</u>	<u>149</u>	
<u>Sand & Gravel (water)</u>	<u>149</u>	<u>154</u>	
	<u>154</u>	<u>160</u>	<u>90</u>

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JUL 15 2004

WATER RESOURCES DEPT
SALEM, OREGON

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AUG 12 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date started 3-19-04 Completed 3-20-04

(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 J. O. B... Date _____

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FEB 20 2007

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SALEM, OREGON