

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 55025 WELL I.D. # L 69887
START CARD # W165158

(1) LAND OWNER: Well Number _____
Name Bonnie Simpson
Address 31304 Megan Lane
City Herm. State Oregon Zip 97888

(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	
<u>6</u>	<u>0</u>	<u>20</u>	<u>Moledex</u>	<u>0</u>	<u>20</u>	<u>96</u>	

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: <u>6</u>	<u>+2</u>	<u>160</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:

Perforations Method _____
 Screens Type _____ 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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>50+</u>	<u>-</u>	<u>158</u>	<u>1 hr.</u>

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 170A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 31304 Megan Lane

(10) STATIC WATER LEVEL:
90 ft. below land surface. Date 8-21-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>100</u>	<u>160</u>	<u>50</u>	<u>90</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Brown Sand</u>	<u>0</u>	<u>20</u>	
<u>Course Brown Sand</u>	<u>23</u>	<u>80</u>	
<u>Fine Sand</u>	<u>80</u>	<u>105</u>	
<u>Course Sand</u>	<u>105</u>	<u>135</u>	
<u>Black Sand</u>	<u>135</u>	<u>150</u>	
<u>Course Sand</u>	<u>150</u>	<u>157</u>	
<u>Sand & Gravel</u>	<u>157</u>	<u>160</u>	<u>90</u>

RECEIVED
AUG 26 2004
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
FEB 20 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-21-04 Completed 7-21-04

(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.
WVC 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.
WVC Number 1719
Signed J. O. Amos Date 7-21-04