

Umat
55340

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 80597
START CARD # 165172

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER: Tim Martin Well Number _____
Name Tim Martin
Address Powerline Rd No address was assigned
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 485 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>6 1/4</u>	<u>260</u>	<u>485</u>				

How was 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:	<u>4</u>	<u>-5</u>	<u>485</u>	<u>40</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:
 Perforations Method Skill Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele-pipe size	Casing	Liner
<u>445</u>	<u>485</u>	<u>1/8</u>	<u>40</u>		<u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 50+ Drawdown — Drill stem at 483 Time 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 4 N or S Range 28 W or W. WM.
Section 8 SW 1/4 SE 1/4
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Powerline Rd - NE of Hermiston

(10) STATIC WATER LEVEL:
270 ft. below land surface. Date 10-8-04
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>470</u>	<u>475</u>	<u>50+</u>	<u>270</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Drum Basalt</u>	<u>260</u>	<u>291</u>	
<u>Black Basalt</u>	<u>291</u>	<u>470</u>	
<u>Soft Black Basalt</u>	<u>470</u>	<u>475</u>	<u>270</u>
<u>Black Basalt</u>	<u>475</u>	<u>485</u>	

RECEIVED
RECEIVED
MAR 21 2005
WATER RESOURCES DEPT
SALEM, OREGON
WATER RESOURCES DEPT
SALEM, OREGON

Date started 10-7-04 Completed 10-8-04

(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 John O. Amor Date 10-8-04