

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 51318  
START CARD # W 152595

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name Randy Hunter  
Address 822 S. Hwy 395  
City Hermiston State Oregon Zip 97856

(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 \_\_\_\_\_ ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	20	Helix plug	0	20	19 Sacks
9	20	85	cement	54	85	500-lb
6	85	275				

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: 8 0 75 250      
Liner: \_\_\_\_\_      
Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 75'

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
From To Slot size Number Diameter Tele/pipe size Casing Liner

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Artesian  
Flowing \_\_\_\_\_  
Yield gal/min 40+ Drawdown — Drill stem at 274 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 5 N or S Range 28 E or W. WM.  
Section 34 SW 1/4 SW 1/4  
Tax Lot N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 822 S. Hwy 395  
Hermiston

(10) STATIC WATER LEVEL:  
120 ft. below land surface. Date 10-31-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 260

From	To	Estimated Flow Rate	SWL
<u>260</u>	<u>672</u>	<u>40</u>	<u>120</u>

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

Material	From	To	SWL
<u>Sandy Soil</u>	<u>0</u>	<u>4</u>	
<u>Brown Sand</u>	<u>4</u>	<u>52</u>	
<u>sand + gravel</u>	<u>52</u>	<u>58</u>	
<u>Brown clay</u>	<u>58</u>	<u>74</u>	
<u>Black Basalt</u>	<u>74</u>	<u>221</u>	
<u>Gray Basalt</u>	<u>221</u>	<u>259</u>	
<u>soft Black Basalt</u>	<u>259</u>	<u>271</u>	<u>WB</u>

RECEIVED

AUG 12 2005

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 10-29-02 Completed 10-31-02

(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 Z. O. Amor Date 11-4-02

AUG 08 2005

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT  
SALEM, OREGON

WELL I.D. # L 51318  
START CARD # w 152595

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

(1) LAND OWNER  
Name Randy Hunter Well Number \_\_\_\_\_  
Address \_\_\_\_\_  
City ASTORIA State OREGON Zip 97103

(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 \_\_\_\_\_

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Special Construction approval  Yes  No Depth of Completed Well \_\_\_\_\_ ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	20	Hcl+plug	0	20	19 SACKS
8	20	85	CEMENT	54	85	500 lb
6	85	275				

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

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
8	0	75	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: \_\_\_\_\_  
Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) 75'

(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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
40+	—	274	<input type="checkbox"/>	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 \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM.  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
120 ft. below land surface. Date 10-31-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 260

From	To	Estimated Flow Rate	SWL
260	672	40	120

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

Material	From	To	SWL
Sandy Silt	0	4	
Brown Sand	4	52	
Sand + Gravel	52	58	
Brown clay	58	74	
Black Basalt	74	221	
Gray Basalt	221	259	
soil + Black Basalt	259	271	WD

Date started 10-28-02 Completed 10-31-02

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_ 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.  
Signed J. C. Amos WWC Number 1719 Date 11-4-02

received log from landowner 8-8-05