

WELL REPORT
Required by ORS 537.765 & OAR 690-205-0210)

05-03-2006

WELL LABEL # L 82272

START CARD # 187027

Amendment Section 9

(1) LAND OWNER

Owner Well I.D. _____
First Name RICHARD Last Name SMITH
Company _____
Address 980 E HURLBURT AVE
City HERMISTON State OR Zip 97838

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Special Standard Attach copy
Depth of Completed Well 871.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	18	Cement	0	18	900	P
12	18	114	Cement	18	114	3,900	P
10	114	558	Cement	114	558	19,200	P
8	558	871					

How was seal placed: Method A B C D E
 Other HALLIBURTON METHOD
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	2	554	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12	0	114	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		871	1
200		620	1
100		470	1

Temperature 70 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 4.00 N N/S Range 30.00 E E/W WM
Sec 3 SWSE 1/4 of the NW 1/4 Tax Lot 401
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

KOSMOS RD. S AT MP 2

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	04-27-2006			248

Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 185

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-21-2006	185	200	15			130
04-21-2006	270	280	20			130
04-21-2006	345	360	30			130
04-27-2006	735	775	5			248
04-27-2006	790	831	30			248

(11) WELL LOG

Material	From	To
SOIL	0	60
CLAY & BASALT	60	100
BLACK BASALT	100	125
BROWN BASALT	125	145
BLACK BASALT	145	185
BROWN BASALT/TAN CLAY	185	200
BLACK BASALT	200	270
BLACK BASALT/GREEN CLAY	270	280
BLACK BASALT	280	345
BLACK BASALT/GREEN CLAY	345	360
BLACK BASALT	360	410
BLACK BASALT/GREEN CLAY	410	415
BLACK BASALT	415	435
BLACK BASALT/GREEN CLAY	435	470
BLACK BASALT	470	520
BLACK BASALT/GREEN CLAY	520	530
BLACK BASALT	530	665
BLACK BASALT/GREEN CLAY	665	675
BLACK BASALT	675	735

Date Started 04-12-2006 Completed 04-27-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1735 Date 05-03-2006
Electronically Filed
Signed CHAD COURTNEY (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 544 Date 05-03-2006
Electronically Filed
Signed LARRY BURD (E-filed)
Contact Info (optional)

RECEIVED

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form WRS (Rev) 086 2006

WATER RESOURCES DEPT
SALEM, OREGON