

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 82869
START CARD # 181429

(1) LAND OWNER Owner Well I.D. Well 14
 First Name Craig Last Name Coleman
 Company Girth Dog, LLC.
 Address 33896 E. Walls Rd
 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 129. ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
28.	0	19.	Bentonite	0	19.	40.	S
24.	19.	129.					

How was seal placed: Method A B C D E
 Other
 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	Pistc	Wid	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24.	<input checked="" type="checkbox"/>	1.	19.	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	24.	<input type="checkbox"/>	19.	128.7	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 129.
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Mills Knife (24 cuts per foot)
 Screens Type _____ Material _____

Perf/	Casing	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	/Liner					width	length	slots	piper
Perf	Casing		24.	88.	129.	3/8	3"	984	24.

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
0		129	1.

Temperature _____ °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 27.00 E E/W WM
 Sec 27 SW 1/4 of the NW 1/4 Tax Lot 1803
 Tax Map Number _____ Lot _____
 Lat _____ " 0 " or _____ DMS or DD
 Long _____ " 0 " or _____ DMS or DD
 Street address of well Nearest address
28286 Stafford Hansel Rd, Hermiston, OR 97838

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	04-28-2006			85.3

Flowing Artesian?

WATER BEARING ZONES Depth water was first 108.

SWL Date	From	To	found	Est Flow	SWL (psi)	+	SWL (ft)
03-13-2006	108.	114.	0				86.

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	3.
Gravel, Cobbles - tight	3.	53.
Gravels & cobbles w/ tan siltstone & brown clay matrix	53.	70.
Gravels (3/8" round) w/ tan siltstone	70.	108.
Gravels - small, clean	108.	114.
Brown silty clay w/ gravels	114.	118.
Gravels (1.5" some cementation)	118.	125.
Basalt - brown, broken	125.	129.

RECEIVED

MAY 17 2006

**WATER RESOURCES DEPT
 SALEM, OREGON**

Date Started 03-13-2006 Completed 04-28-2006

(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 1672 Date 05/16/2006
 Password : (if filing electronically) _____
 Signed _____

(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 1523 Date 05-16-2006
 Password : (if filing electronically) _____
 Signed _____
 Contact Info _____

