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

UMAT 55842
09-19-2006

WELL LABEL # L 43423

START CARD # 189532

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHIE Last Name HAMILTON

Company _____

Address 77468 CAMPBELL RD

City PENDLETON State OR Zip 97801

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 206.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
16	0	50	Bentonite	0	40	30	S
12	50	206	Cement	40	50	5	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other POURED BENTONITE

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
●	○	12	☒	2	50	.25	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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)
300		206	1
75		146	1

Temperature 64 °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 32.00 E E/W WM

Sec 35 SE 1/4 of the SE 1/4 Tax Lot 7801

Tax Map Number _____ Lot _____

Lat ____ ° ____ ' ____ " or _____ DMS or DD

Long ____ ° ____ ' ____ " or _____ DMS or DD

● Street address of well ○ Nearest address

77468 CAMPBELL RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	09-18-2006		☐	96

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-18-2006	160	206	300		☒	96
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	39
BLACK BASALT	39	60
BROWN BASALT W/CLAY	60	70
BROWN BASALT	70	80
BLACK BASALT	80	160
BLACK/BROWN SCORRIA W/TAN CLAYSTONE	160	206

Date Started 09-14-2006 Completed 09-18-2006

(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 1731 Date 09-19-2006

Electronically Filed

Signed RYAN SCOTT FULLERTON (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 09-19-2006

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.86