

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 85466
START CARD # 162832

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

(1) LAND OWNER Well Number
Name Mike Jewitt
Address 82784 Hat Rock Rd
City Hermiston State OR Zip 97838

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 530 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
14	0	76	Cement	0	76	2 yds
			Cement	400	510	2 yds

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	10	+1	76	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	+1	510	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) NO shoe on 8"

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500		530	4hr 15

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Umatilla
Tax Lot 1101 Lot _____
Township 5 N N or S Range 29 E E or W WM
Section 15 SW 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 82776 Hat Rock Rd. Hermiston

(10) STATIC WATER LEVEL
51 ft. below land surface. Date 12-12-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 254

From	To	Estimated Flow Rate	SWL
254	261	10	40
517	525	500	51

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
5# NA	0	26	
Sand & gravels	26	58	
Black Basalt	58		
Tan Clay		70	
Black Basalt	70	135	
Blue Clay	135	143	
Black Basalt	143	195	
visicular Blue Clay	195	216	
Black Basalt	216	254	
fractured Basalt	254	261	40
Black Basalt	261	295	
Blue Clay	295	330	
Black Basalt	330	432	
Blue Clay	432	438	
Black Basalt	438	517	
visicular Basalt	517	530	51

Date Started 11-1-06 Completed 12-12-06

(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.

WWC Number _____ Date _____

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.

WWC Number 1766 Date 12-18-06

Signed [Signature]

RECEIVED
DEC 26 2006