

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

*UMAT*  
*5593*

**UMAT 5593**

NOV 14 1991

*4N/28E-2826*  
 (START CARD) # W-28997

**(1) OWNER:**

Name SIMPLOT, J. R.  
 Address P O BOX 777 850  
 City Hermiston, Ore 97838 Zip

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  
 Other

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes No Depth of Completed Well 206 ft.

Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16	0 80			
12	80 209	ptd cem	0 60	140 sks

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12	+2	150	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	135	149	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10	179	199	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheet(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type 10 in. pipe size stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
199	209	.060		10 3/4	pipe	<input type="checkbox"/>	<input type="checkbox"/>
169	179	.060		10 3/4	pipe	<input type="checkbox"/>	<input type="checkbox"/>
149	169	.015		10 3/4	pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing  Artesian  
 Yield gal/min 300 Drawdown 60 Drill stem at 4 hr Time hr.

Temperature of water \_\_\_\_\_ 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 4N N or S. Range 28E E or W. WM.  
 Section: 28 NW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

**(10) STATIC WATER LEVEL:**

98 ft. below land surface. Date 10/24/91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 97

From	To	Estimated Flow Rate	SWL
97	117	100	98
150	161	100	98
161	176	100	98
198	209	100	98

**(12) WELL LOG:**

Ground elevation 600

Material	From	To	SWL
sand	0	38	
gravel	38	56	
coarse gravel	56	70	
small gravel	70	75	
large gravel	75	97	
sand & gravel	97	117	98
sand & gravel	117	135	
clay	135	150	
sandstone	150	161	98
sand	161	165	98
sand & gravel	165	176	98
brown clay	176	182	
blue clay	182	198	
basalt scoria	198	209	98

Date started 9/6/91 Completed 10/15/91

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number 544  
 Signed Perry Storkamp 1532 Date 10/15/91  
Larry Burd

**(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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 544  
 Signed Larry Burd Date 10/15/91

RECEIVED

WELL IDENTIFICATION FORM

Owner's Well Number: 1R

FEB - 4 1998

CURRENT WELL OWNER:

WATER RESOURCES DEPT.  
SALEM, OREGON

Phone (541) 527-9733

Name: J.R. Simplot Company

Mailing Address: P.O. Box 850 / 79319 Simplot Rd.

City: Hermiston State: Oregon Zip: 97838

WELL LOCATION:

County: Umatilla Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

UMAT  
5593

Township: 4 N or S, Range: 28 E or W Section: 28 NW 1/4 SE 1/4

Tax Lot Number: \_\_\_\_\_

Street Address of Well (if different from above): N/A

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

WELL INFORMATION:

Start Card Number: W-28997 Approx. Construction Date: 10/15/91

Well Constructor: Larry Burd

Name of Owner at Time of Construction: J.R. Simplot Company

Well Depth (in feet): 206 ft. Static Water Level (in feet): 98 ft.

Diameter of Exposed Well Casing (in inches): 16 inches

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: X If yes:

Application #: Transfer T-5779 T-4416 Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to:

Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310

(Office use only)

Well Identification Number: 23261