

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

UMAT 56071

WELL LABEL # L 12673

START CARD # 197649

Umat
56071

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company Charles Tract Water Co
 Address AT 2 Box 2578
 City Hermiston State OR Zip 97188

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 326 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
8	0	279	Bentonite	0	20		
6	279	327	Cement	0			
3			grout	327	4 1/2	yds	

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

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
8	1	85		250		X			X	
6	159	229		250		X			X	
5	227	327		250		X			X	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓		5	✓	3	277	327	1/8	6	240	5
✓		8	✓	18	84		1/8	x2	400	8
✓		6	✓	160	220		1/8	x2	400	6

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

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 5 N or S Range 28 E or W W.M.
 Sec 27 NW 1/4 of the 5E 1/4 Tax Lot 2400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) Kirk Rd
Hermiston, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2-22-08</u>			<u>170</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>277</u>	<u>327</u>		<u>150</u>			<u>170</u>

(11) WELL LOG Ground Elevation _____

Material	From	To

RECEIVED **RECEIVED**
 FEB 29 2008 APR 02 2008
WATER RESOURCES DEPT **WATER RESOURCES DEPT**
SALEM, OREGON **SALEM, OREGON**

Date Started 2-22-08 Completed 2-25-08

(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 _____ 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.
 License Number 757 Date 2-25-08
 Signed [Signature]
 Contact Info. (optional) _____