

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 68816

START CARD # 197698

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 RT 2 Box 2578
City Hermiston State OR Zip 97859

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 385 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
			<u>Cement</u>	<u>260</u>	<u>310</u>	<u>9 yds</u>	
			<u>Shot #6 water</u>	<u>267</u>	<u>285</u>		

How was seal placed: Method A B C D E
 Other pumped from 310 ft
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

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

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

Perf	Sern	Csng	Linr	Screen Dia	From	To	Screen/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) _____

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 _____ N or S Range _____ E or W W.M.
Sec 27 NE 1/4 of the SW 1/4 Tax Lot 400
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>2-25-08</u>			<u>187</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 187

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>267</u>	<u>285</u>	<u>20</u>			<u>187</u>
	<u>368</u>	<u>385</u>	<u>400</u>			<u>187</u>

11) WELL LOG Ground Elevation _____

Material	From	To

RECEIVED
FEB 29 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 2-22-08 Completed 2-26-08

(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 759 Date 2-26-08
Signed S. B...
Contact Info. (optional) _____