

UMAT 56282
311 278 4287
SPT 1-24-06
Com

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-305-0210)

WELL LABEL # L 95332

START CARD # 63362

DRAFT

(1) LAND OWNER Owner Well ID: 3

First Name Robert Last Name Pratt
Company
Address 84031 Edwards Road
City Milton Freewater State Or Zip 97862

(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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 185.0 ft.

BORE HOLE			SEAL			Amt	Units
Dia	From	To	Material	From	To		
14.	0	27.	Bentonite Chips	0	27.	46.	S
10.	27.	185.					

How was seal placed: Method A B C D E
 Other bottom to top
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	St	Plto	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10.	2.	140.	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 185.
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing	Liner	Dia	From	To	Screen/slot width	Slot length	# of slots	Tote/pipe size
Perf	Casing		10.	120.	140.	.108	1.25	640	

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Baller	<input type="checkbox"/> Ak	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120.	30.	168	12.

Temperature 52 °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 6. N N/S Range 35. E E/W WM
Sec 33 NW 1/4 of the NW 1/4 Tax Lot 301
Tax Map Number _____ Lot _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
Same As Owner

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	01-20-2006		45.

WATER BEARING ZONES Depth water was first found 85.

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
01-20-2006	85.	185.	120.		45.

(11) WELL LOG

Material	From	To
Brown Silt Top Soil	0	11.
Tan Clay	11.	40.
Consolidated gravel silt boulders	40.	85.
Cemented Gravel Sand Boulders	85.	185.

Date Started 01-16-2006 Completed 01-20-2006

(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 _____ Date _____
Password: (if filing electronically) _____
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 756 Date 01-24-2006
Password: (if filing electronically) _____
Signed _____
Contact info (optional) _____

RECEIVED
JAN 20 2009
WATER RESOURCES DEPT
SALEM, OREGON