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

UMAT 56428

08-19-2009

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WELL LABEL # L 100197

START CARD # 1007823

(1) LAND OWNER Owner Well I.D.	
	(9) LOCATION OF WELL (legal description)
First Name KENT Last Name BEEBE	County <u>Umatilla</u> Twp <u>2.00 N</u> N/S Range <u>30.00 E</u> E/W WM Sec 11 NE 1/4 of the NE 1/4 Tax Lot 1400
Address 15860 SW PEACHTREE DR	Sec _11NE1/4 of the _NE1/4 Tax Lot1400 Tax Map NumberLot
City PORTLAND State OR Zip 97224	Lat O DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long OT DMS or DD
Alteration (repair/recondition)	Street address of well • Nearest address
(3) DRILL METHOD	RIETH RD NEAR YOAKUM RD
Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/ Commericial Livestock Dewatering	Completed Well 08-19-2009 60 Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 110
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	
Depth of Completed Well 250.00 ft.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
BORE HOLE SEAL sacks/	08-19-2009 230 250 500 60
Dia From To Material From To Amt Ibs	
12 0 18 Bentonite 0 15 15 S	
10 18 98 Cement 15 98 15 S 8 98 250 <td< td=""><td></td></td<>	
8 98 250	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other POURED BENTONITE	SOIL 0 15
Backfill placed from ft. to ft. Material	BLACK BASALT 15 110
Filter pack from ft. to ft. Material Size	BLACK BASALT/BROWN SCORIA 110 125 BLACK BASALT 125 150
Explosives used: Yes Type Amount	
(6) CASING/LINER	BROWN SCORIA 150 155 BLACK SCORIA 155 160
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	SOFT BLACK BASALT 160 230
	BROKEN BLACK W/GREEN CLAYSTONE 230 250
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	Date Started <u>08-18-2009</u> Completed <u>08-19-2009</u>
creen Liner Dia From To width length slots pipe size	
	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date Date
Pump Bailer Air Flowing Artesian	Electronically Filed
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed <u>CHAD COURTNEY (E-filed)</u>
Stor Stor Line 500 250 1	(bonded) Water Well Constructor Certification
150 150 1	I accept responsibility for the construction, deepening, alteration, or abandonment
	work performed on this well during the construction dates reported above. All work
Temperature °F Lab analysis Yes By	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
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number <u>1881</u> Date <u>08-19-2009</u> Electronically Filed
	Signed GARRY L ZOLLMAN (E-filed)
	Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK