

# UMAT 56499

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

WELL I.D. # L 93305  
 START CARD # 200396

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

(1) LAND OWNER L. Vernon or Donna Cook Well Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address 34801 Old Hwy. 320  
 City Echo State OR Zip 97826

(2) TYPE OF WORK  
 New Well  Deepening  Alteration (repair/recondition)  Abandonment

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval  Yes  No Depth of Completed Well 710 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
8"	175	565	N/A			
8"	565	710				

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

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  Artesian  
 Yield gal/min 200+ Drawdown \_\_\_\_\_ Drill stem at 710 Time 1 hr.

Temperature of water 61° 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 3N N or S Range 29E E or W. WM.  
 Section 11 SW 1/4 SW 1/4  
 Tax Lot 3602 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 34801 Old Hwy. 320 Echo, OR 97826

(10) STATIC WATER LEVEL: Beginning static 380 ft.  
380 ft. below land surface. Date 12-8-08  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 701

From	To	Estimated Flow Rate	SWL
<u>701</u>	<u>710</u>	<u>200+</u>	<u>380</u>

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Recondition procedure:</u>			
<u>Original well report UMAT 2835</u>			
<u>Depth of well 565 ft.</u>			
<u>Reamed hole from 6" to 8"</u>			
<u>from 175 to 565 ft. Deepened</u>			
<u>well from 565 to 710 ft., 8" diameter.</u>			
<u>Black basalt</u>	<u>565</u>	<u>594</u>	
<u>Gray basalt</u>	<u>594</u>	<u>620</u>	
<u>Black basalt</u>	<u>620</u>	<u>646</u>	
<u>Gray basalt</u>	<u>646</u>	<u>701</u>	
<u>Black basalt with</u>	<u>701</u>	<u>710</u>	<u>WB</u>
<u>green soapstone</u>			

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WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 12-2-08 Completed 12-8-08

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 1218  
 Signed Patrick Wallace Date 12-15-08

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WELL I.D. # L 93305 98305

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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Signed \_\_\_\_\_ Date \_\_\_\_\_

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