

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID. # L 98301
START CARD # 200388

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number _____
Name Federica Ortega or Cathy Escobedo
Address 2577 Pheasant Ridge
City Umatilla State OR Zip 97882

(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 145 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	0 20	Bentonite	0 20	17 SACKS	
6"	20 145				

How was seal placed: Method A B C D E
 Other Poured 3/4" bentonite
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: 6"	+2	144	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 144

(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	Drawdown	Drill stem at	Time
60		145	1 hr.

Temperature of water 63° 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 5N N or S Range 28E E or W. WM.
Section 36 SW 1/4 SW 1/4
Tax Lot 902 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Medville Ct., Hermiston, OR 97838

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 9-17-08
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 142

From	To	Estimated Flow Rate	SWL
142	145	60	75

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown sand	0	32	
Black sand	32	68	
Gray sand with some clay	68	134	
Gray sand	134	142	
Gravel with gray sand	142	145	WB

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NOV 30 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9-9-08 Completed 9-17-08
(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.
WVC 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.
WVC Number 6218
Signed Patrick Wallace Date 9-30-08