

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 56624

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102130
START CARD # W204690
ORIGINAL LOG # UMAT 1416

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

(1) LANDOWNER Owner Well I.D.
First Name CESAREO Last Name TEXIPOR
Company _____
Address 75273 MOENS ROAD
City ADAMS, State ORE Zip 97810

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 853 ft.
Seal Material NEAT CEMENT
Casing Type: Steel Plastic Other _____
Casing Gauge .250 Casing Diameter 6"

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 862 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
8	0	635	Neat Cement	-10	565	4 yds	
6	635	864					

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

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6	-	10	562	.250	X		X	

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

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

Perf	Scrn	Csng	Lnr	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 35 Drawdown _____ Drill stem/Pump depth 860 Duration (hr) 1 1/2
Temperature 67 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County UMATILLA Twp 3 or S Range 33 or W W.M.
Sec 29 NW 1/4 of the NE 1/4 Tax Lot 7204
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 75273 MOENS ROAD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>4-6-10</u>			<u>645</u>
Completed Well	<u>4-27-10</u>			<u>622</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Cascading WATER FROM APPROX 70' INCREASING TO APPROX 540' - Borehole Bridged @ 640' - Pulled 1" Lines - 190' - From 400 to 540' - Reamed Borehole To 8" From 580 To 635 - Set 6" Casing FROM -10' TO 562' - Borehole Bridged @ 565 - Cemented Casing From 565 To -10' - Clean out Borehole To 650' Hole Casing - Tremie Cement To 645 - Clean out Borehole To 864'		

RECEIVED
MAY 24 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 4-6-10 Completed 4-27-10

(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 1639 Date 5-10-10
Signed Mike Harding
Contact Info. (optional) _____