

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

11-16-2010

WELL LABEL # L

START CARD #

[Empty box for Well Label #]

1012110

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
Company OREGON DEPT. OF TRANSPORTATION
Address HERMISTON MAINTENANCE
City HERMISTON State OR Zip 97838

(2) TYPE OF WORK [] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [X] Abandonment

(3) DRILL METHOD

[] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [X] Other Tremied Cement Grout

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [X] Attach copy)

Depth of Completed Well _____ ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs

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 _____

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, +, From, To, Gauge, Stl, Plstc, Wld, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/S Casing/ Screen Scrn/slot Slot # of Tele/
reen Liner Dia From To width length slots pipe size

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/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 Drawdown Drill stem/Pump depth Duration (hr)

Temperature _____ °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Umatilla Twp 3.00 N N/S Range 28.00 E E/W WM
Sec 1 SE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
[] Street address of well [X] Nearest address

STANFIELD REST AREA, WEST BOUND LANE, NORTH SIDE

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), +, SWL(ft)
Existing Well / Predeepening
Completed Well
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft)

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation

Date Started 11-16-2010 Completed 11-16-2010

(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 _____
Electronically Filed
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 1881 Date 11-16-2010
Electronically Filed
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional)

