UMAT 56863

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

05-09-2011

CURRECTION (9

WELL LABEL # L 105911 START CARD # 1013026

Page 1 of 1

(1) LAND OWNER Owner Well I.D.	A LOCATION OF WELL (L.)	`
(-)	(9) LOCATION OF WELL (legal description)	
First Name JOHN (Jack) Last Name DEWITT	County Umatilla Twp 6.00 N N/S Range	37.00 E E/W WM
Company	Sec 19 NE 1/4 of the NE 1/4 Tax	Lot 1100 1202
Address 85407 FOSTER RD	Tax Map Number Lot	DMC DD
City MILTON FREEWATER State Zip 97862		DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion		DMS or DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address	S
(2) DDILL METHOD	85407 FOSTER RD. MILTON FREEWATER, OR	
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(p	osi) + SWL(ft)
(4) PROPOSED USE Domestic Virgination Community	Existing Well / Predeepening	
(1) 11(01 0522 052	Completed Well 05-05-2011	131
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hol	le?
Thermal Injection Other	WATER BEARING ZONES Depth water was first	found 50
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	SWL Date From To Est Flow SWI	L(psi) + SWL(ft)
Depth of Completed Well 290.00 ft.	04-22-2011 50 58 1	64
BORE HOLE SEAL sacks/	05-04-2011 249 290 500	131
Dia From To Material From To Amt lbs		
18 0 120 Cement 0 120 85 S		
12 120 290		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E		rom To
Other	Soil	0 3
Backfill placed from ft. to ft. Material	Brown Clay and Gravel	3 13
Filter pack from ft. to ft. Material Size	Brown Clay and Scoria Basalt	13 37
	Black Basalt Soft	37 50
Explosives used: Yes Type Amount	Hard Black Basalt	50 58
(6) CASING/LINER	Soft Brown Basalt	58 75
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		75 120
	DI I ID D I	120 122
	TT IDI ID I	122 165
	D D 14 C G	165 173
	DI I D I	173 188
	D - 1 D 1	188 203 203 209
Shoe Inside Outside Other Location of shoe(s)	DI I D. II	209 249
Temp casing Yes Dia From To	D LC '	249 287
(7) PERFORATIONS/SCREENS	ev in in	287 289
	Black Basalt Hard	289 290
Perforations Method		
Perf/S Casing/ Screen Scm/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 04-19-2011 Completed 05-04-2011 (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 Ore	
	construction standards. Materials used and information re	
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date	
	Electronically Filed	
Pump Bailer Air Flowing Artesian	Signed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		
500 270 1	(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	
Township OF Laboratoris Voc By	performed during this time is in compliance with Oregon water supply well	
Temperature 60 °F Lab analysis Yes By	construction standards. This report is true to the best of my knowledge and belief.	
Water quality concerns? Yes (describe below) From To Description Amount Units		
Treatment that the second	License Number 1881 Date 05-09-2011 Electronically Filed	
	Signed GARRY L ZOLLMAN (E-filed)	
RECEIVED BY OWRD	Contact Info (optional)	
BECEIVED BY OWN	Tomas and (obnound)	and the special country of the second

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

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