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

12-15-2011

WELL LABEL # L [ ]

START CARD # [1015615]

(1) LAND OWNER

Owner Well I.D. _____

First Name CAROL   Last Name HALL

Company HALLS TRAILER CT

Address 73477 MYTINGER LN.

City PENDLETON   State OR   Zip 97801

(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 Tremmie

(4) PROPOSED USE

[x] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well _____ ft.

| BORE HOLE | | | SEAL | | | | sacks/ |
Dia	From	To	Material	From	To	Amt	lbs
6	0	400	Cement	0	400	65	S

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[x] Other Tremmie

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: [ ] Yes Type _____   Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
O	O						O	O		
O	O						O	O		
O	O						O	O		
O	O						O	O		
O	O						O	O		

Shoe [ ] Inside [ ] Outside [ ] Other   Location of shoe(s) _____
Temp casing [ ] Yes   Dia _____   From _____   To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____   Material _____

Perf/S creen	Casing/ Liner	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)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Umatilla   Twp 2.00 N N/S   Range 33.00 E   E/W WM
Sec 7 SW   1/4 of the NW 1/4   Tax Lot 500
Tax Map Number _____   Lot _____

Lat ____° ____' ____" or _____ DMS or DD
Long ____° ____' ____" or _____ DMS or DD

(•) Street address of well   ( ) Nearest address

73477 MYTINGER LN. PENDLETON, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well				

Flowing Artesian? [ ]   Dry Hole? [ ]

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

Date Started 12-15-2011   Completed 12-15-2011

(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 Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1735   Date 12-15-2011
Electronically Filed
Signed CHAD COURTNEY (E-filed)

(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 12-15-2011
Electronically Filed
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional)

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

(5) BORE HOLE CONSTRUCTION

BORE HOLE / SEAL

Dia	From	To	Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□
○	○		□				○	○	□	□

(7) PERFORATIONS/SCREENS

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

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

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

(11) WELL LOG

Material	From	To

Comments/Remarks

Original Well Log   UMAT 827.