UMAT 57195

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ST. W. (as

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STATE OF OREGON	WELL I.D. LABEL# L 1097	24
WATER SUPPLY WELL REPORT	START CARD # 1968	03
(as required by ORS 537.765 & OAR 690-205-0210)	ORIGINAL LOG #	
(1) LAND OWNER ()wper Well LD		
(1) LAND OWNER Owner Well I.D. First Name Last Name	(9) LOCATION OF WELL (legal descri	ntion)
Company SPACE AGE FUEL INC.		
Address PO BOX 1429	County UMATILLA Twp 4.00 N N/S R	
City CLACKAMAS State OR Zip 97015-1429	See 33 SE $1/4$ of the NW $1/4$	Tax Lot 102
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lat' or	DMS or DD
Alteration (complete 2a & 10) Abandonment(complete 5a)		
(2a) PRE-ALTERATION	Long' or Street address of well Nearest add	DMS or DD
Dia + From To Gauge Stl Plste Wid Thrd Casing:	(• Street address of weil (Nearest ad	udress
	7/522 HWY 207, HERMISTON	
Material From To Amt sacks/lbs Seal:		
(3) DRILL METHOD	(10) STATIC WATER LEVEL	
X Rotary Air Rotary Mud Cable Auger Cable Mud		WL(psi) + SWL(ft)
	Existing Well / Pre-Alteration	
Reverse Rotary Other	Completed Well 6/10/2013	294
(4) PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dr	y Hole?
🗙 Industrial Commercial 🛄 Livestock 🔲 Dewatering	WATER BEARING ZONES Depth water wa	s first found 80.00
Thermal Injection Other		SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)		
		41
Depth of Completed Well <u>400.00</u> ft. BORE HOLE SEAL sacks/	5/31/2013 215 280 75	60
BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs	6/10/2013 365 400 75	295
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		
10 18 138 Cement 0 298 75 S		
8 138 298 Cement 115 138 10 S		
6 298 400	(11) WELL LOG Ground Elevation	
How was seal placed: Method A 🗙 B C 🗶 D E	Material	From To
Cother POURED BENTONITE	Sand/Gravel	0 80
Backfill placed from fl. to ft. Material	Gravel	80 113
Filter pack from fl. to fl. Material Size	Black Basalt w/ Green Claystone	113 118
Explosives used: Yes Type Amount	Black Basalt	118 215
	Black Basalt w/Green Claystone	215 280
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	Black Basalt Gray Basalt	280 290 290 365
Proposed Amount Actual Amount	Fractured Black Basalt	365 385
(6) CASING/LINER	Fractured Black/Blue Claystone/Iron Pyri	385 400
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		
$ \bigcirc \bigcirc \\ 6 \\ \hline \times 2 \\ \hline 298 \\ .25 \\ \hline 0 \\ \hline 0 \\ \hline \times \\ \hline \hline \times \\ \hline \hline \times \\ \hline \hline \times \\ \hline \hline \hline $ \\ \hline $ \hline $	RECEIVED BY OWRD	
	JUN_1 2 2013	
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To To		
(7) PERFORATIONS/SCREENS		
Perforations Method	D O Itraugust	(10.2012
Screens Type Material Pert Casing Screen Scruslot Slot # of Tele/	Date Started 5/28/2013 Complete	6/10/2013
Perf Casing Screen Sern/slot Slot # of Tele/ Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification	
	1 certify that the work 1 performed on the construction, deepening, alteration, or	
	abandonment of this well is in compliance with	-
	construction standards. Materials used and informat	ion reported above are true to
	the best of my knowledge and belief.	
	License Number 1735 Date 6	5/11/2013
(8) WELL TESTS: Minimum testing time is 1 hour	Signed OTTAD COLIDERTING OF A	
OPump OBailer (Air OFlowing Artesian	Signed <u>CHAD COURTNEY (E-filed)</u>	
Yield gal min Drawdown Drill stem Pump depth Duration (hr)	(bonded) Water Well Constructor Certification	
75 400 1	1 accept responsibility for the construction, deepening, alteration, or abandonmen	
5 300 1	work performed on this well during the construction	dates reported above. All wor
	performed during this time is in compliance with	h Oregon water supply we
Temperature 67 °F Lab analysis Yes By	construction standards. This report is true to the best	of my knowledge and belief.
Water guality concerns? XYes (describe below) TDS amount	License Number 1881 Date 6/1	1/2013
From To Description Amount Units		

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman

The Oregon Map

UMAT 57195



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Well TAG # 2 109724

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JUN 1 2 2013

SALEM, OR