

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 106754
START CARD # 208464

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

(1) LAND OWNER Well Number _____
Name Ahita Koppary
Address 80014 Riker Lane
City Hermiston State OR Zip 97838

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 54 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | | SEAL | | | |
|----------|------|----|-----------|------|----|-----------------|--|
| Diameter | From | To | Material | From | To | Sacks or pounds | |
| 12" | 0 | 20 | Bentonite | 0 | 20 | 16 sacks | |
| 8" | 20 | 54 | | | | | |

How was seal placed: Method A B C D E
 Other loose 3/8" bentonite chips

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8" | 1 | 54 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) 54

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 100 | | 54 | 1 hr. |

Temperature of water 60° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4N N or S Range 29E E or W. WM.
Section 6 NW 1/4 SW 1/4
Tax Lot 4000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hope Lane Hermiston, OR 97838

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 7-22-13
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 53

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 53 | 54 | 100 | 15 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|------------|------|----|-----|
| Sandy soil | 0 | 1 | |
| Sand | 1 | 53 | |
| Gravel | 53 | 54 | WB |

RECEIVED BY OWRD
NOV 12 2013
SALEM, OR
RECEIVED BY OWRD
AUG 13 2013
SALEM, OR

Date started 7-19-13 Completed 7-22-13
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Patrick Wallace WWC Number 1218 Date 8-12-13