WATER SUPPLY WELL REPORT START CARD# 1023435 (as required by ORS 537.765 & OAR 690-205-0210) ORIGINAL LOG# UMATILLA (1) LAND OWNER Owner Well LD. First Name Last Name (9) LOCATION OF WELL (legal description) Company CUNNINGHAM SHEEP CO. County UMATILLA Twp 1.00 S N/S Range 32.00 E E/W WM Address P.O. BOX 1186 City PENDLETON Sec <u>30 SW 1/4 of the NW 1/4 Tax Lot 400</u> Zip Tax Map Number (2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) (2a) PRE-ALTERATION DMS or DD Stl Plste Wld Thrd Street address of well Gauge ( Nearest address 10  $\odot$ 67 .25 65856 YELLOWJACKET RD PILOT ROCK OR. Material From Amt sacks/lbs Seal. (3) DRILL METHOD (10) STATIC WATER LEVEL Rotary Air Rotary Mud Cable Auger Cable Mud SWL(psi) SWL(ft) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 6/26/2014 (4) PROPOSED USE ■ Domestic X Irrigation Community Flowing Artesian? Dry Hole? Industrial/ Commericial Livestock Dewatering WATER BEARING ZONES Depth water was first found Thermal Injection Other SWL Date To Est Flow SWL(psi) + SWL(ft) (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) Depth of Completed Well 770.00 BORE HOLE SEAL sacks Dia From Material From To Amt 10 0 765 (11) WELL LOG **Ground Elevation** How was seal placed: Method Material From To \_\_Other \_\_ Backfill placed from \_ . ft. to \_ ft. Material Filter pack from ft. to fl. Material RECEIVED BY OWRD Explosives used: Yes Type\_ Amount (5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount (6) CASING/LINER Casing Liner From То Gauge Plste Wld Thrd X 10 67 .25 SALEM. OR Inside Outside Other Location of shoe(s) Temp casing Yes From\_ (7) PERFORATIONS/SCREENS Perforations Method Screens Type Material Date Started 6/23/2014 Complete <u>6/26/2014</u> Perf/ Casing/ Screen Sem/slot Slot # of Tele/ Screen Liner Dia (unbonded) Water Well Constructor Certification From width length slots pipe size 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 1963 Date 6/30/2014 (8) WELL TESTS: Minimum testing time is 1 hour Signed JOHN KLINE (E-filed) O Pump O Bailer Air Flowing Artesian Yield gal/min Drill stem/Pump depth Duration (hr) (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. °F Lab analysis Yes By\_ Temperature Water quality concerns? Yes (describe below) TDS amount License Number 1881 Date 6/30/2014 Amount Description Units Signed GARRY L ZOLLMAN (E-filed) Contact Info (optional) Garry Zollman

**UMAT 57376** 

STATE OF OREGON

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WELL I.D. LABEL# L 109381