

amended

UMAT 57468

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

WELL I.D. # L 106755
START CARD # 21071

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

(1) LAND OWNER Well Number _____
Name Church of the Nazarene
Address 1520 W. Orchard Ave.
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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method A B C D E
 Other _____
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
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<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 _____
I hr.

Temperature of water _____ 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 28E E or W. WM. _____
Section 9 NW 1/4 SE 1/4
Tax Lot 9402 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1520 W. Orchard Ave. Hermiston, OR 97838

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>JUN 22 2015</u>	<u>MAY 14 2015</u>		
<u>SALEM, OR</u>	<u>SALEM, OR</u>		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Repair procedure cont. from pg. 1</u>			
<u>hole was inspected with camera, found inner steel casing fell down hole to 104 ft.</u>			
<u>Special standards were issued April 2 to remove drill rig from site prior to completion of repair.</u>			
<u>Decision was made to abandon the well. Rig moved back to site April 6 for abandonment procedure, completed April 8.</u>			

Date started 3-23-15 Completed 4-8-15

(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.
WVC Number _____
Signed _____ 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.
WVC Number 1218
Signed Patrick Wallace Date 5-4-15

Amended

WELL I.D. # L 106755

START CARD # 210163

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

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

(1) LAND OWNER Church of the Nazarene Well Number _____
Name Church of the Nazarene
Address 1520 W. Orchard Ave.
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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
6"	225 300	N/A			
		Cement	0 80	7	sacks

How was seal placed: Method A B C D E
 Other Poured cement between 4" and 6" casing

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

(6) CASING/LINER:

Inner Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
4"	0	80			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
2.5		300	1 hr.

Temperature of water 62° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Do any of the water 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 28E E or W. WM.
Section 9 NE 1/4 SW 1/4

Tax Lot 9402 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1520 W. Orchard Ave. Hermiston, OR 97838

(10) STATIC WATER LEVEL: Beginning static 129 ft. below land surface. Date 8-23-14
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 280

From	To	Estimated Flow Rate	SWL
280	300	10	129

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Original well report UMAT 1974			
Beginning depth 225 ft., making 15gpm			
Deepening:			
Gray basalt	225	280	
Black basalt with green clay	280	300	WB
Recondition:			
Installed 80 ft.			
4" PVC inner casing sealed to 80 ft.			
Poured cement between 4" and 6" casing, filled to surface.			

Date started 8-20-14 Completed 8-23-14

(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 _____ Date _____ WWC Number _____

(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 8-30-14