

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

UMAT 57557

Amended
WELL ID. # L 106761
START CARD # 212210

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

(1) LAND OWNER Berardo or Magda Sanguino Well Number _____
Name _____
Address 34 Pomona Dr.
City Umatilla State OR Zip 97882

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 5N N or S Range 29E E or W. WM
Section 31 NW 1/4 SE 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Allen Ln, Hermiston, OR 97838

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

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 5-26-15
Artesian pressure _____ lb. per square inch Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 55

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

| From | To | Estimated Flow Rate | SWL |
|-----------|-----------|---------------------|-----------|
| <u>55</u> | <u>72</u> | <u>200</u> | <u>25</u> |
| | | | |
| | | | |

(5) BORE HOLE CONSTRUCTION
Special Construction approval Yes No Depth of Completed Well 100ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Material | From | To | Sacks or pounds |
|------------|-----------|------------|-------------------------|----------|------------|-----------|-----------------|
| Diameter | From | To | | | | | |
| <u>12"</u> | <u>0</u> | <u>30</u> | <u>Cement</u> | <u>0</u> | <u>30</u> | <u>10</u> | <u>sacks</u> |
| <u>8"</u> | <u>30</u> | <u>100</u> | <u>Calculated seals</u> | <u>0</u> | <u>100</u> | <u>10</u> | <u>sacks</u> |

How was seal placed: Method A B C D E
 Other _____
Pack placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------|-----------|------------|-----------|
| <u>Sand</u> | <u>0</u> | <u>47</u> | |
| <u>Cemented gravel</u> | <u>47</u> | <u>55</u> | |
| <u>Black sand</u> | <u>55</u> | <u>72</u> | <u>WB</u> |
| <u>Broken brn. basalt</u> | <u>72</u> | <u>100</u> | |
| | | | |
| | | | |
| | | | |

(6) CASING/LINER:
Diameter 8" From 0 To 100 Gauge 230 Steel Plastic Welded Threaded
Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) 84

Date started 5-12-15 Completed 5-26-15
(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 _____

(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"/> |

(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 6219
Signed Patrick Wallace Date 6-18-15

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield 220 gpm Drawdown _____ Drill stem at _____ Time _____
Temperature of water 59° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any tests contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of tests _____

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Address 34 Pomona Dr.
City Umatilla State OR Zip 97882

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 100 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Sacks or pounds | |
|----------|---------|----------|---------|---------------------------|--|
| Diameter | From To | Material | From To | | |
| 12" | 0 30 | Cement | 0 30 | 10 Sacks | |
| 8" | 30 100 | | | Calculated seals 10 Sacks | |

6) Casing placed: Method A B C D E

7) Casing: Casing from _____ ft. to _____ ft. Material _____
Casing from _____ ft. to _____ ft. Size of gravel _____

8) Casing/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|----------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8" | +1 | 84 | 2.50 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9) Shoe used Inside Outside None
Location of shoe(s) 84

9) 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"/> |

10) WELL TESTS: Minimum testing time is 1 hour

Pump Bailor Air Flowing Artesian

| Yield | Drawdown | Drill stem at | Time |
|----------|----------|---------------|--------------|
| <u>0</u> | | <u>100</u> | <u>1 hr.</u> |

11) Water temperature 59° Depth Artesian Flow Found _____
Is water analysis done? Yes By whom _____
Does water contain water not suitable for intended use? Too little
Is water: Salty Muddy Odor Colored Other _____
Depth of water: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 5N N or S Range 29E E or W. WM.
Section 31 NW 1/4 SE 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Allen Ave, Hermiston, OR 97838

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date 5-26-15
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55

| From | To | Estimated Flow Rate | SWL |
|-----------|------------|---------------------|-----------|
| <u>55</u> | <u>100</u> | <u>200</u> | <u>25</u> |
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| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------------|-----------|------------|-----------|
| <u>Sand</u> | <u>0</u> | <u>47</u> | |
| <u>Cemented gravel</u> | <u>47</u> | <u>53</u> | |
| <u>Black sand</u> | <u>53</u> | <u>72</u> | <u>WB</u> |
| <u>Broken brn. basalt</u> | <u>72</u> | <u>100</u> | <u>WB</u> |
| | | | |
| | | | |

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SALEM, OR

Date started 5-12-15 Completed 5-26-15

(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.
WWC 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.
Signed Patrick Wallace WWC Number 1218
Date 6-18-15