

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

UMAT 57565

6/26/2015

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

116937

1026869

(1) LAND OWNER

Owner Well I.D. _____

First Name JERRYLast Name ODMAN

Company _____

Address 1450 SE ISAAC AVECity PENDLETON State OR Zip 97801**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE☒ Domestic ☐ Irrigation ☐ Community☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 437.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	30	Bentonite Chips	0	28	27	S
8	30	437			Calculated	19	
			Cement	28	30	1	S
					Calculated	1	

How was seal placed: Method ☐ A ☒ B ☐ C ☐ D ☐ E☒ Other POURED BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
 Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size			

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		437	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 123 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UMATILLA Twp 2.00 N N/S Range 32.00 E E/W WMSec 27 SE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address43803 MCKAY DR. PENDLETON OR**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/23/2015			8
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 58.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/22/2015	58	62	3			8
6/22/2015	81	110	15			8
6/22/2015	220	230	10			8
6/22/2015	290	305	20			8
6/23/2015	378	395	50			8

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	10
Black Basalt	10	15
Brown Clay	15	23
Black Basalt	23	58
Broken Black Basalt	58	62
Black Basalt	62	81
Red w/Tan Claystone	81	110
Brown Basalt w/Tan Claystone	110	178
Black Basalt	178	220
Brown Scoria/Tan Claystone	220	230
Black Basalt	230	290
Brown Scoria/Tan Claystone	290	305
Broken Black Basalt	305	315
Black Basalt	315	350
Black Scoria	350	378
Brown Scoria	378	395
Black Basalt	395	415
Black and Brown Scoria	415	436
Black Basalt	436	437

Date Started 6/19/2015 Completed 6/23/2015**(unbonded) Water Well Constructor Certification**

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 6/26/2015Signed JOHN KLINE (E-filed)**(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.

License Number 1881 Date 6/26/2015Signed GARRY L ZOLLMAN (E-filed)Contact Info (optional) Garry Zollman

ORIGINAL - WATER RESOURCES DEPARTMENT

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

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]