

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111902

START CARD # W 200562 UMAT 57710

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

1) LAND OWNER Owner Well I.D. Well # 5 First Name Last Name Company City State Oregon Zip 97813

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

3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other

4) PROPOSED USE Domestic Irrigation Community Industrial/Commercial Livestock Dewatering Injection Thermal Other Municipal

5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) Depth of Completed Well 1600 ft.

Table with columns: BORE HOLE (Dia, From, To, Material), SEAL (From, To, Amount, Scks/lbs)

How was seal placed: Method A B C D E Other

Backfill placed from 1450 ft. to 1600 ft. Material Pea Gravel

Filter pack from ft. to ft. Material Size

Explosives used: Yes Type Amount

6) CASING/LINER

Table with columns: Casing/Liner (Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd)

Shoe Inside Outside Other Location of shoe(s)

Temporary casing Yes Diameter From To

7) PERFORATIONS/SCREENS

Perforations Method Screens Type Material

Table with columns: Perf, Scrm, Casing, Liner, Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size

8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem Pump depth, Duration (hr)

Temperature 73 °F Lab analysis Yes By

Water quality concerns? Yes (describe below)

Table with columns: From, To, Description, Amount, Units

9) LOCATION OF WELL (legal description)

County Umatilla Twp 4 N or S Range 35 E or W W.M. Sec 18 SW 1/4 of the SW 1/4 Tax Lot 2601

Tax Map Number Lot Lat Long DMS or DD

Street Address of Well (or nearest address) 920 WATERMAN Rd. ATHENA, OREGON 97813

10) STATIC WATER LEVEL

Table with columns: Date, SWL (psi), SWL (ft)

Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found 130 ft.

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)

11) WELL LOG

Table with columns: Material, From, To

Date Started APR 11/16 Completed SEPT 14/16

(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.

License Number Date

Signed

(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.

License Number 1942 Date 9/14/16

Signed Contact Info. (optional)

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 First Name _____ Last Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____

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

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____

RECEIVED BY OWRD

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

NOV 11 8 2016
SALEM, OR

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

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

Temperature _____ °F Lab analysis Yes By _____
 water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County _____ Twp _____ N or S Range _____ E or W W.M.
 Sec _____ 1/4 of the _____ 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-18-16	756	625	50 GPM			78
5-19-16	657	665	25			115
5-20-16	680	718	25			169
5-24-16	781	787	25			173
5-25-16	880	886	25			171

(11) WELL LOG Ground Elevation _____

Material	From	To
Hard Grey Bas.	438	483
Fractured Grey Bas.	483	520
Broken Bas. decomposed vesicular Green clay	520	533
Fractured Black Bas.	533	545
Black Basalt Bas.	545	563
Black Bas. Green Clay	563	586
Black Basalt	586	625
Black Basalt, Green clay	625	657
Red Basalt vesicular	657	718
(VH) Grey Basalt	718	725
Broken Black Red Bas	725	781
vesicular Green Clay	781	822
Black Bas. Red trace	822	
Grey Basalt (VH)		
Brown Bas. Green clay		

Date Started _____ Completed _____

(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 _____ Date _____
 Signed _____

(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.

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

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well _____ ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/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)

Temperature _____ analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County _____ Twp _____ N or S Range _____ E or W W.M.

Sec _____ 1/4 of the _____ 1/4 Tax Lot _____

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-30-16	908	968	50 gpm			244
7-6-16	1142	1162	500			245
7-9-16	1300	1342	800			160
7-20-16	1357	1371	25			282

(11) WELL LOG Ground Elevation _____

Material	From	To
Black Bas. Red trace	822	870
Black Bas. Green clay trace	870	880
Broken Black. slightly vesic.	880	886
Black Bas. Fractured	886	908
Decomposed Red Rock with	908	924
Broken Bas. Green, Blue	924	968
Clay vesicular		
Grey Bas. Fractured slightly	968	1028
Red, Black Bas. decomposed	1028	1052
Vesicular, Green clay		
Grey, Black Bas. (H)	1052	1142
Decomposed Basalt	1142	1162
highly vesicular		
Black Bas. Clay seams (M)	1162	1183
Grey Basalt (VH)	1183	1281
Black Bas. Blue Seams	1281	1300

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 Depth of Completed Well _____ ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

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

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Temperature _____ °F Lab analysis Yes By _____
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From	To	Description	Amount	Units

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(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
Red, Black Bas. vesicular (VS)	1300	1342
Black Bas. blue clay seam	1342	1357
Brown Bas decomposed	1357	1371
Black Bas. green trace	1371	1486
Slightly fractured (MH)		
Grey Basalt (WH)	1486	1502
Black Basalt (MH)	1502	1522
Grey Basalt (WH)	1522	1542
Black Basalt	1542	1555
Broken Black, green trace	1555	1560
Grey Basalt (WH)	1560	1580
Red Basalt	1580	1585
Black Basalt, blue trace	1585	1600

Date Started _____ Completed _____

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