

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

UMAT 58196

WELL I.D. LABEL# L 130751
START CARD # 1040696
ORIGINAL LOG # UMATILLA 58147

12/10/2018

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company NF LAND LLC
Address 2885 SANFORD AVE#21711
City GRANDVILLE State MI Zip 49418

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment(complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: 8 2 18 .25
Material From To Amt sacks/lbs
Seal: Bentonite 0 19 13 Sacks

(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 400.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
20 0 20 Cement 0 270 327 S
14 20 270 Calculated 195
8 270 400 Calculated

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
 10 2 269 .25
 16 0 20 .25
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 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)
600 _____ 400 1
Temperature 65 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 82 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County UMATILLA Twp 5.00 N N/S Range 36.00 E E/W WM
Sec 23 NW 1/4 of the NW 1/4 Tax Lot 902
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
N. FORK WALLA WALLA RIVER RD. MILTON FREEWATER, OR
PERMIT # G-1734

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 9/27/2018 _____ 60
Completed Well 11/29/2018 _____ 76
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 303.00

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

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

(11) WELL LOG Ground Elevation _____
Material From To
Existing Hole 0 400
Date Started 9/27/2018 Completed 11/29/2018

(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 1985 Date 12/10/2018
Signed ALEXANDER SIMONTON (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 12/10/2018
Signed GARRY ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman