

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

WELL LABEL # L 102160
START CARD # 1036646
ORIGINAL LOG # 1013745

(1) LANDOWNER Owner Well I.D.
First Name Jody L. Last Name Carpenter
Company _____
Address 11 South Grand Gap Rd.
City Benton, O.R. State OR Zip 97320

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

(2a) PRE-ALTERATION Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other
Casing Gauge 375 Casing Diameter 12"

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

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

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

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Seks/lbs
16"	0	532	Cement	0	532	42	1134
12"	+2	532	Seal Down all				16 Casing

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs.
Actual Amount Used: _____ sacks/lbs.

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
12	12"		+1	532	375	A			X

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

(7) PERFORATIONS/SCREENS

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)
40	500	500	4

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units
		NO CONCERNS.		

(9) LOCATION OF WELL (legal description)
County Umatilla Twp 6 (Nor S Range 35 (E or W W.M.
Sec 30 SW 1/4 of the SW 1/4 Tax Lot 113962
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 55 Ringier Rd Umatilla

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	10-26-18	70'		70'

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7-30-11	30	38	200 gpm			21'
8-22-15	536	545	410 gpm			70'

(11) WELL LOG Ground Elevation

Material	From	To
Top Soil	0	26
Cobbles & Gravel	26	41
Brown Clay	41	97
Cemented Gravel	97	241
Black Sand & Clay	241	274
Gray Clay	274	310
Blue Clay	310	342
Blue Clay	342	407
Cemented Gravel	407	510
Brown Clay w/ Gravel	510	504
Black Rock Bedrock	504	
Basalt		536
Broken Basalt w/ water	536	545
Black Clay	545	775
Gray Clay	775	785

Date Started 7-20-11 Completed 10-23-18

(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.

License Number 1669 Date 10-26-18
Signed Jody Carpenter
Contact Info. (optional) _____

RECEIVED

JUN 24 2019