

STATE OF OREGON WATER SUPPLY WELL REPORT

UMAT 59117

WELL I.D. LABEL# L

144361

START CARD #

1071194

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/25/2023

(1) LAND OWNER

Owner Well I.D.

First Name Last Name Company CITY OF UMATILLA Address 700 6TH ST City UMATILLA State OR Zip 97882

(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 Thrld Seal: Material From To Amt sacks/lbs

(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 293.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows include Bentonite Chips and Cement.

Seal placement method A B C D E Other: BENTONITE POURED

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: Type Amount

Seal Placement Begin Date 9/11/2023 Begin Time 07 47

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes rows for 8" and 6" diameters.

Shoe Inside Outside Other Location of shoe(s) 58

Temp casing Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/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)

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 50, 281, 1.

Temperature 56 °F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 221 ppm

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

(9) LOCATION OF WELL (legal description)

County UMATILLA Twp 5.00 N N/S Range 28.00 E E/W WM

Sec 22 SW 1/4 of the SW 1/4 Tax Lot 2300

Tax Map Number Lot

Lat " or 45.89646300 DMS or DD

Long " or -119.30547700 DMS or DD

Street address of well Nearest address

BENSEL AND LIND RDS 97838

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with 4 columns: Existing Well / Pre-Alteration, Completed Well, Date, SWL(ft). Row 1: 9/16/2023, 156.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 36.00

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

Table with 6 columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows for dates 9/11/2023, 9/12/2023, 9/16/2023.

(11) WELL LOG

Ground Elevation

Table with 3 columns: Material, From, To. Lists soil types like silt, silty sand, sand, etc.

Construction

Begin Date 9/6/2023 Begin Time 06 00 End Date 9/16/2023

(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 1766 Date 9/25/2023

Signed BRANDON BROWN (E-filed)

Contact Info (optional)

**WATER SUPPLY WELL REPORT - continuation page**

**UMAT 59117**

**WELL I.D. LABEL# L 144361**

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**9/25/2023**

**ORIGINAL LOG #**

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					○	○		
					○	○		
					○	○		
					○	○		

  

Material	From	To	Amt	sacks/lbs

**Water Quality Concerns**

From	To	Description	Amount	Units

**(5) BORE HOLE CONSTRUCTION**

**BORE HOLE**

**SEAL**

Dia	From	To	Material	From	To	Amt	sacks/lbs
			Cement	40	58	8	S
						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**

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

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

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

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

**(10) STATIC WATER LEVEL**

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

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

**(11) WELL LOG**

Material	From	To

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

**Comments/Remarks**

[Large empty box for comments and remarks]

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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9/25/2023

Map of Hole

