

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59269

WELL I.D. LABEL# L

120818

START CARD #

1074449

ORIGINAL LOG #

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

3/24/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name STUARTLast Name BYERLEYCompany HARDING DRILLING INCAddress 3074 MCDONALD RDCity TOUCHET State WA Zip 99360**(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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material From To Amt sacks/lbs

Seal:

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(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 335.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
12	0	335	Bentonite Chips	0	60	74	S	
					Calculated	50		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 10/10/2024 Begin Time 03 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	12	<input checked="" type="checkbox"/>	2	299	0.250	ST	<input checked="" type="checkbox"/>		OUT. 299

Temp casing ☐ Yes Dia _____ From+ ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Mills knife

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Casing	12	170	296	.125	3	760	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Bailer	30	0		1

Temperature 59 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 230 ppb

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UMATILLA Twp 6.00 N N/S Range 34.00 E E/W WMSec 19 SW 1/4 of the NE 1/4 Tax Lot 703

Tax Map Number _____ Lot _____

Lat _____ " or 45.98637900 DMS or DD

Long _____ " or -118.61123800 DMS or DD

☐ Street address of well ☒ Nearest address

48568 STATELINE RD MILTON FREEWATER, OR 97862

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	3/18/2025			85

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 110.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/25/2024	110	335	500			85

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	4
Silt	4	55
Med. gravel	55	98
Med. gravel and sand	98	157
Med. gravel	157	199
Med. gravel and brown clay	199	216
Med. gravel	216	289
Med. gravel and brown clay	289	314
Tan clay	314	335

Construction

Begin Date 7/17/2024 Begin Time 09 00 End Date 3/18/2025**(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 1869 Date 3/18/2025Signed BLAKE HARDING (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 1869 Date 3/18/2025Signed BLAKE HARDING (E-filed)Drilling Company: Harding Drilling Inc

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

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

UMAT 59269

3/24/2025

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.98637900 Datum: WGS84

Longitude: -118.61123800

Township/Range/Section/Quarter-Quarter Section:

WM6.00N34.00E19SWNE

Address of Well:

48568 STATELINE RD MILTON FREEWATER, OR 97862

Well Label: 120818

Printed: March 18, 2025

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

