

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59604

WELL I.D. LABEL# L

157164

START CARD #

1082894

ORIGINAL LOG #

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

8/10/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name REBECCA AND EMILIANC Last Name RAMOS BAUTISTA

Company _____

Address 1165 E JUNIPER AVECity HERMISTON State OR Zip 97838**(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
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger☐ 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 567.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	19	Bentonite	0	19	19	S
10.5	19	118	Calculated			7.77	
8	118	567	Cement	10	513	97	S
			Calculated			39.21	

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 7/23/2026 Begin Time 12 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	8	☒	2	118	0.250	ST	☒		OUT.	118
C	6		10	514	0.250	ST	☒		OUT.	514

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

Perforations Method _____

Screens Type _____ Material _____

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

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	100		460	1

Temperature 72 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 194 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UMATILLA Twp 4.00 N N/S Range 28.00 E E/W WMSec 12 SW 1/4 of the SW 1/4 Tax Lot 711

Tax Map Number _____ Lot _____

Lat _____ " or 45.83686870 DMS or DD

Long _____ " or -119.26642280 DMS or DD

☒ Street address of well ☐ Nearest address1165 E JUNIPER AVE, HERMISTON, OR 97838**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/7/2026			256
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 3.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/23/2026	3	5	3			5
7/23/2026	76	81	10			5
8/7/2026	551	561	100			256

(11) WELL LOGGround Elevation 499.38 FT

Material	From	To
sandy silt	0	5
gravels and silty clay	5	29
sandstone	29	43
coarse tan sand	43	53
tan clay	53	64
Blue clay	64	76
black frac/vesicular	76	81
med black basalt	81	90
hard black basalt	90	96
black broken basalt	96	102
med black basalt	102	108
hard black basalt	108	166
hard grey basalt	166	198
soft black frac/blue clay	198	214
tan clay/broken basalt	214	223
black broken basalt	223	235
hard black basalt	235	265
black frac/vesic and hard blue clay	265	274
soft blue clay/vesicular	274	285

Construction

Begin Date 7/23/2026 Begin Time 07 42 End Date 8/7/2026**(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 1766 Date 8/10/2026Signed BRANDON BROWN (E-filed)Drilling Company: Waterwell Developing & Surveys

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 -
continuation page**
UMAT 59604
WELL I.D. LABEL# L157164
START CARD # 1082894
8/10/2026
ORIGINAL LOG #
(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE				SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt		
			Cement	86	118	12	S	
				Calculated				
				Calculated				
				Calculated				
				Calculated				

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To
soft black/red vesic and blue clay	285	295
soft black frac	295	315
hard black basalt	315	322
black frac basalt	322	337
hard black and grey basalt	337	352
black/brown frac basalt	352	369
med grey frac basalt	369	384
black/brown/grey frac	384	408
med black and grey basalt	408	417
hard black and grey basalt	417	427
red/black frac/vesic and hard blue clay	427	433
black frac basalt	433	436
med black and brown frac	436	452
red vesicular and hard blue clay	452	458
black fractured basalt	458	492
med black and grey basalt	492	551
black broken vesicular	551	556
black frac and vesicular basalt	556	561
med black frac basalt	561	567

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

Assistant Name Type #

HAIDEN DAY	HELPER WATER	8888942
ZANE ESTES	HELPER WATER	8889009
CLAYTON WRIGHT	HELPER WATER	8888969

Comments/Remarks

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

UMAT 59604

8/10/2026

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: 45.83686870 Datum: WGS84

Longitude: -119.26642280

Township/Range/Section/Quarter-Quarter Section:
WM4.00N28.00E12SWSW

Address of Well:

1165 E JUNIPER AVE, HERMISTON, OR 97838

Well Label: 157164

Printed: August 10, 2026

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

