

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59640

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

Page 1 of 3

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

8/17/2026

161109
1083068

(1) LAND OWNER

Owner Well I.D. _____

First Name ROB Last Name STRAUGHN

Company _____

Address 71592 STRAUGHN RD

City PENDLETON State OR Zip 97801

(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	Thrd
Casing:					☐	☐	☐	☐
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 640.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18	Bentonite	0	18	13	S
8	18	243	Calculated			10.21	
10	243	258	Cement	180	480	35	S
8	258	640	Calculated			6.64	

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

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/31/2026 Begin Time 15 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	258	0.250	ST	☒		IN.	258
C	6		180	480	0.250	ST	☒		OUT.	180

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/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	45		640	1

Temperature 69 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 124 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UMATILLA Twp 2.00 N N/S Range 32.00 E E/W WM

Sec 20 SE 1/4 of the SE 1/4 Tax Lot 1400

Tax Map Number _____ Lot _____

Lat _____ " or 45.63126963 DMS or DD

Long _____ " or -118.82794309 DMS or DD

☐ Street address of well ☒ Nearest address

NO ADDRESS- SEE LEGAL

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/14/2026			503
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 302.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/3/2026	302	314	7			217
8/6/2026	571	640	45			503

(11) WELL LOG

Ground Elevation 1356.92 FT

Material	From	To
SOIL	0	6
BROWN CLAY WITH GRAVEL	6	163
BLACK FRACTURED BASALT	163	181
BROWN CLAY WITH GRAVEL	181	217
BLACK FRACTURED BASALT	217	221
BROWN FRACTURED BASALT WITH TAN CLAYSTONE	221	231
BLACK BASALT	231	302
RED SCORIA WITH TAN CLAYSTONE	302	314
BLACK BASALT	314	365
RED SCORIA WITH TAN CLAYSTONE	365	381
BLACK AND BROWN BASALT	381	458
BROWN FRACTURED BASALT WITH TAN CLAYSTONE	458	471
BLACK BASALT	471	571
BROWN FRACTURED	571	576
BROWN SCORIA WITH TAN CLAYSTONE	576	601
RED AND BROWN SCORIA WITH TAN CLAYSTONE	601	640

Construction

Begin Date 7/31/2026 Begin Time 10 50 End Date 8/14/2026

(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 1985 Date 8/17/2026

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 1735 Date 8/17/2026

Signed CHAD COURTNEY (E-filed)

Drilling Company: COURTNEY WELL DRILLING

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.

Comments/Remarks

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

UMAT 59640

8/17/2026

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: 45.63126963 Datum: WGS84

Longitude: -118.82794309

Township/Range/Section/Quarter-Quarter Section:
WM2.00N32.00E20SESE

Address of Well:

NO ADDRESS- SEE LEGAL

Well Label: 161109

Printed: August 17, 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

