

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59644

WELL I.D. LABEL# L

155437

START CARD #

1082946

ORIGINAL LOG #

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

9/14/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name RANDYLast Name LEMMONCompany LEMMON CATTLE COAddress 48198 S FRAZIER GUARD STATION RDCity UKIAHState ORZip 97880**(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 346.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
12	0	59	Bentonite Chips	0	59	29	S	
8	59	346			Calculated	29		
					Calculated			

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/20/2026 Begin Time 11 30**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+ From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	8	☒ 1	59	0.250	ST	☒			

Temp casing ☒ Yes Dia 12 From + ☐ 0 To 23**(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	5		340	1

Temperature 72 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 57 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UMATILLA Twp 5.00 S N/S Range 33.50 E E/W WMSec 11 NE 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.15187518 DMS or DD

Long _____ ° _____ ' _____ " or -118.63036025 DMS or DD

☒ Street address of well ☐ Nearest address48198 FRAZIER STATION RD, UKIAH, OR**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/24/2026			8
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 130.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/21/2026	130	265	3			8
8/24/2026	265	345	2			8

(11) WELL LOGGround Elevation 4468.99 FT

Material	From	To
TOP SOIL	0	2
BROWN CLAY, GRAVEL	2	20
GREY CLAY FRACTURED BASALT	20	31
BROWN CLAY, FRACTURED BASALT	31	38
GREY CLAY FRACTURED BASALT	38	55
FRACTURED BASALT, RED CINDERS	55	61
FRACTURED BASALT, BROWN CLAY, RED CINDERS	61	80
FRACTURED BASALT, GREY CLAY, RED CINDERS	80	89
FRACTURED BASALT, GREY CLAY	89	173
FRACTURED BASALT	173	195
FRACTURED BASALT, GREY CLAY	195	201
FRACTURED BASALT	201	207
FRACTURED BASALT, RED CINDERS	207	224
FRACTURED BASALT, BLUE SHALE, RED CINDERS	224	226
FRACTURED BASALT, BLUE SHALE	226	237
FRACTURED BASALT	237	269
FRACTURED BASALT, GRAY	269	287
FRACTURES BASALT, BLUE SHALE	287	299
FRACTURED BASALT, GRAY	299	346

Construction

Begin Date 8/20/2026 Begin Time 08 45 End Date 8/24/2026**(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 2120 Date 8/25/2026Signed JORDAN GOODWIN (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 1775 Date 9/14/2026Signed JASON ACQUISTAPACE (E-filed)Drilling Company: EARTH & WATER WORKS

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 59644

9/14/2026

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: 45.15187518 Datum: WGS84

Longitude: -118.63036025

Township/Range/Section/Quarter-Quarter Section:
WM5.00S33.50E11NENE

Address of Well:
48198 FRAZIER STATION RD, UKIAH, OR

Well Label: 155437

Printed: August 25, 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

