

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59647

WELL I.D. LABEL# L

157165

START CARD #

1083337

ORIGINAL LOG #

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

9/18/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ADAMLast Name SUCHY

Company _____

Address PO BOX 539City PILOT ROCKState ORZip 97868**(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 184.00 ft.**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18	Bentonite	0	18	28	S
10.5	18	59			Calculated	10.21	
8	59	184	Cement	43	59	12	S
					Calculated	2.83	

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 8/27/2026 Begin Time 13 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	☒	1	59	0.250	ST	☒			

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	90		160	1

Temperature 51 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 251 ppm

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 WMSec 27 SE 1/4 of the NE 1/4 Tax Lot 307

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.88808170 DMS or DD

Long _____ ° _____ ' _____ " or -119.28898220 DMS or DD

☒ Street address of well ☐ Nearest address30870 HUFFMAN LN, HERMISTON OR 97838**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/27/2026			69
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 36.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/26/2026	36	41	1			16
8/27/2026	177	184	90			69

(11) WELL LOGGround Elevation 467.57 FT

Material	From	To
silt and sand	0	6
gravels and cobbles	6	10
gravels and silt	10	19
tan clay/some gravels	19	29
cemented gravels	29	34
blue clay/some gravels	34	36
soft red and black frac/vesic	36	41
med black basalt	41	52
med black and grey basalt	52	114
hard black basalt	114	161
hard grey basalt	161	177
soft black frac basalt	177	184

Construction

Begin Date 8/25/2026 Begin Time 08 43 End Date 8/27/2026**(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 9/18/2026Signed 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 - Map with location identified must be attached and shall include an approximate scale and north arrow

UMAT 59647

9/18/2026

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: 45.88808170 Datum: WGS84

Longitude: -119.28898220

Township/Range/Section/Quarter-Quarter Section:
WM5.00N28.00E27 SENE

Address of Well:

30870 HUFFMAN LN, HERMISTON OR 97838

Well Label: 157165

Printed: August 31, 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

