

STATE OF OREGON
WATER SUPPLY WELL REPORT

UMAT 59648

WELL I.D. LABEL# L

157166

START CARD #

1083384

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 JESUSLast Name CASAS

Company _____

Address 2346 NW VALLEY VIEW DRIVECity HERMISTONState ORZip 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 366.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	19	Bentonite	0	19	13	S
10.5	19	187	Calculated			10.77	
8	187	366	Cement	155	187	16	S
			Calculated			5.65	

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 8/31/2026 Begin Time 10 00**(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	☒	1.5	187	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	50		301	1

Temperature 63 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 280 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 35 NW 1/4 of the SE 1/4 Tax Lot 220

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.87058860 DMS or DD

Long _____ ° _____ ' _____ " or -119.27530720 DMS or DD

☐ Street address of well ☒ Nearest address

ROCKING A COURT HERMISTON, OR 97838

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/10/2026			147
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 128.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/31/2026	128	134	30			111
9/10/2026	301	366	50			147

(11) WELL LOGGround Elevation 549.83 FT

Material	From	To
sand	0	14
sand/clay	14	45
coarse sand	45	128
gravels, cobbles, coarse sand	128	134
cobbles, silty sand	134	167
black frac/vesicular basalt	167	170
med black basalt	170	179
hard black basalt	179	220
hard black/grey basalt	220	291
hard grey basalt	291	296
med brown frac basalt/blue streaks	296	301
broken brown basalt	301	309
soft brown frac basalt	309	323
broken brown basalt	323	332
med black frac basalt	332	341
red/black frac basalt	341	361
hard black frac basalt	361	366

Construction

Begin Date 8/31/2026 Begin Time 06 31 End Date 9/10/2026**(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.

(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
			Calculated				
			Calculated				
			Calculated				
			Calculated				

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

(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

[illegible]

(11) WELL LOG

[illegible]

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 59648

9/18/2026

Map of Hole

