

STATE OF OREGON
WATER SUPPLY WELL REPORT
(As required by ORS 537.765)

UMAT
 (6004)

OSN/28E/27CA

(START CARD) # 76363

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Charles Grant Water Co.
 Address RT 2 Box 2578
 City Hermiston State OR Zip 97837

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 385
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	310				
8	310	385				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	8	0	310	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
270	270	3/8x6	40	40	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300+		385	1 hr.

Temperature of water 56° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 5 N or S Range 28 E or W. WM.
 Section 27 NE 1/4 SW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rik St. Hermiston

(10) STATIC WATER LEVEL:
174 ft. below land surface. Date 11-8-95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 174

From	To	Estimated Flow Rate	SWL
335	378	300	174

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Blue Clay	285	302	
Black Basalt	302	335	
Vesicular Basalt	335	368	
Fractured Basalt	368	378	174
Black Basalt	378	385	174

RECEIVED
NOV 18 1995
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 11-6-95 Completed 11-8-95

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 WWC Number 759
 Signed [Signature] Date 11-9-95

Tract Water Co.

2578

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6363

1/16 Cor

See Map 5N 28 B



(State Hwy. No. 32)

See Map 5N 28 27DB

NE1/4 SW1/4 Sec. 27 T5N. R28E
UMATILLA COUNTY

See Map 5N 28 27BD

1"=100'

ROAD