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

(WELL I.D.)# L **65426**
 (START CARD) # **152969**

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

(1) OWNER: Well Number _____
 Name **Stahl Hutterian**
 Address **36345 Despain Gulch Rd.**
 City **Stanfield** State **OR** Zip **97875**

(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: **15"** to **1146**
 Special Construction approval Yes No Depth of Completed Well **1146** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
20	+1	50'	Cement	0	50'	81	sacks
12	+1	880	Cement	0	880'	1134	sacks

How was seal placed: Method A B C D E
 Other **pumped**
 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:	20"	+1	50'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	880	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
750		1125	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water **68** Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom **NO**
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other **NO**
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County **Umatilla** Latitude _____ Longitude _____
 Township **4** N Range **30** E WM.
 Section **17** SW 1/4 of SE 1/4
 Tax Lot **703** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **36345 Despain Gulch Rd.**
Stanfield, OR 97875

(10) STATIC WATER LEVEL:
559 ft. below land surface. Date **5-30-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **127**

From	To	Estimated Flow Rate	SWL
1122	1126	350 gallon	559
1138	1142	700 gallon	559

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(12) WELL LOG:
 Ground Elevation _____

Material	WATER RESOURCES DEPT SALEM, OREGON		SWL
	From	To	
Sandy silt brown	0	2	
Brown silt	2	37	
Caliche & Sandstone	37	40	
Med. hard gray & brown basalt	40	75	
Hard gray basalt	75	85	
Soft tan silty clay	85	86	
Med. soft brown & gray basalt	86	112	
Soft tan clay stone broken basalt	112	118	
Hard dark gray basalt	118	133	
Soft broken gray basalt	133	135	
Hard gray	135	183	
Soft reddish brown visicular basalt			
little water 10 gpm	183	196	

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 WATER RESOURCES DEPT SALEM, OREGON

Date started **5-12-03** Completed **5-29-03**

(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 **628** X
 Signed **Steve Moore** Date **6-25-03** X

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**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 65426
START CARD # 152969

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

(1) LAND OWNER Well Number _____
Name Stahl Hutterian
Address 36345 Despain Gulch Rd.
City Stanfield State OR Zip 97875

(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 1146 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	+1	50	cement	0	50	81 sacks
12	+1	880	cement	0	880	1134 sacks

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

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:	20"	+1	50'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	880'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750		1125	1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4N N or S Range _____ E or W. WM.
Section 17 SW 1/4 of SE 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 36345 Despain Gulch Rd. Stanfield, OR

(10) STATIC WATER LEVEL:
559 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 127

From	To	Estimated Flow Rate	SWL

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(12) WELL LOG: WATER RESOURCES DEPT
SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
Soft porus black basalt trace of green clay	196	201	
Med. hard basalt	201	206	
Hard basalt	206	212	
Soft black porus basalt	212	216	
Soft broken reddish brown black basalt some visicular green & brown crystals	216	226	
Med. soft black porus basalt	226	238	
Med. hard black basalt	238	247	
Med. soft gray basalt	247	276	
Hard gray basalt	276	304	
Soft reddish brown porus basalt	304	313	

Date started 5-12-03 Completed 5-29-03

(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 628
Signed Steve Moor Date 6-25-03

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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 65426
START CARD # 152969

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

(1) LAND OWNER Well Number _____
Name Stahl Hutterian
Address 36345 Despain Gulch Rd.
City Stanfield State OR Zip 97875

(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 146 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	+1	50	cement	0	50	81 sacks
12	+1	880	cement	0	880	1134 sacks

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

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:	20"	+1	50	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	880	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 750 Drawdown _____ Drill stem at 1125 Time 1 hr.

Temperature of water 68 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom NO
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4N N or S Range _____ E or W. WM.
Section 17 SW 1/4 of SE 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
559 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 127

From	To	Estimated Flow Rate	SWL

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WATER RESOURCES DEPT
SALEM, OREGON

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Med hard black porus basalt			
Hard black basalt	313	320	
Soft black porus basalt	320	334	
Med. hard black basalt	334	345	
Soft broken black visicular basalt	345	355	
some green clay			
stone little water	355	366	
Med. soft black porus basalt	366	440	
Hard dark green basalt water	440	493	
Soft visicular black basalt & green clay			
stone	493	504	
Soft porus black basalt			
	504	523	

Date started 5-12-03 Completed 5-29-03

(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 628
Signed Steve Moon Date 6-25-03

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

(WELL I.D.)# L 65426
(START CARD) # 152969

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

(1) OWNER: Well Number _____
Name **Stahl Hutterian**
Address **36345 Deepain Gulch Rd.**
City **Stanfield** State **OR** Zip **97875**

(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 **1146**
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	+1	50	cement	0	50	81 sacks
12	+1	880	cement	0	880	1134 sacks

How was seal placed: Method A B C D E
 Other **pumped**
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:	20"	+1	50'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	880	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750		1125	1 hr.

Temperature of water **68** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom **NO**
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other **NO**
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County **Umatilla** Latitude _____ Longitude _____
Township **4** N Range _____ E or W **WM.**
Section **17** SW 1/4 of SE 1/4
Tax Lot **703** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
559 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **127**

From	To	Estimated Flow Rate	SWL

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(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
Fractured black basalt	523	527	
Med. hard dark gray basalt	527	567	
Broken dark gray basalt some quartz white crystal	567	568	
Med. hard black basalt	568	660	
Soft broken black basalt white hard green & black clay	660	668	
Med. hard black basalt	668	717	
soft black visicular basalt little water 260psi	717	725	
Soft black & brown basalt porus trace of hard green & black clay	725	748	
Med. soft dark gray basalt	748	780	
soft porus dark gray basalt trace of light light green clay	780	789	
Med. hard gray basalt porus	789	803	
soft broken brown basalt & hard green clay	803	807	
Med soft black porus basalt	807	815	
Med. soft gray & black porus basalt white crystals	815	819	

Date started **5-12-03** Completed **5-29-03**

(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 **628**
Signed **Steve Moon** Date **6-25-07**

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

(WELL I.D.)# L 65426 (START CARD) # 152969

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

(1) OWNER: Well Number Stahl Hutterian Name 36345 Despain Gulch Rd. Address Stanfield State OR Zip 97875

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well 1146. Explosives used [] Yes [X] No Type Amount

Table with columns: HOLE, SEAL, Diameter, From, To, Material, From, To, Sacks or pounds. Includes entries for cement at 50' and 880' depths.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other pumped Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 20" casing and 12" liner.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes perforation at 1125'.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing Artesian. Yield gal/min 750, Drawdown, Drill stem at 1125, Time 1 hr. Temperature of water 68, Depth Artesian Flow Found. Was a water analysis done? [] Yes By whom NO. Did any strata contain water not suitable for intended use? [] Too little [] Salty [] Muddy [] Odor [] Colored [] Other NO. Depth of strata:

(9) LOCATION OF WELL by legal description: County Umatilla Latitude Longitude Township 4 N Range 30 E WM. Section 17 SW 1/4 of SE 1/4 Tax Lot 703 Lot Block Subdivision Street Address of Well (or nearest address) 36345 Despain Gulch Rd. Stanfield, OR 97875

(10) STATIC WATER LEVEL: 559 ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 127

Table with columns: From, To, Estimated Flow Rate, SWL. Includes a 'RECEIVED JUN 30 2003' stamp.

(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON

Table with columns: Material, From, To, SWL. Lists geological layers such as Med. soft porus basalt, Soft broken brown & gray basalt, Med. hard gray basalt, etc.

Date started 5-12-03 Completed 5-29-03

(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 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 628 Date 6-25-03 Signed Steve Moore