

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

(WELL I.D.)# **L 65427**
 (START CARD) # **152970**

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

umat 54913

(1) OWNER: Well Number _____
 Name **Stahl Hutterian #2**
 Address **1485 N. Hoffman Rd.**
 City **Ritzville** State **WA** Zip **99169**

(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 **860'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	+1	720'	Cement	0	720'	845'
26"	+1	42'	Cement	0	42'	81'

How was seal placed: Method A B C D E
 Other **pumped cement**
 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	42'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	720'	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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000		1150	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water **75** 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 **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:
419 ft. below land surface. Date **6-29-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **172'**

From	To	Estimated Flow Rate	SWL

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

Material	From	To	SWL
Brown Sandy Silt	0	3	
Brown Silt	3	25	
Brown Silty Clay	25	34	
Caliche & Reddish Brown sandstone	34	37	
Broken Brown & gray basalt	37	47	
Gray & brown basalt med. hard	47	66	
Med. soft brown & gray basalt some tan clay	66	82	
Hard gray basalt	82	93	
Soft brown & gray basalt some tan clay	93	107	
Very hard dark gray basalt	107	166	
Broken Reddish brown & gray visicular basalt Med. soft little water	166	178	
Med. hard dark gray basalt	178	183	
Broken brown visicular basalt Trace of Tan clay Little Water	183	185	
Med. hard brown & gray Porus basalt some tan siltstone	185	196	
Hard gray basalt	196	213	

Date started **5-30-03** Completed **9-5-03**

(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 Moore* Date **9-11-03**

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

(WELL I.D.)# L 65427

(START CARD) # 152970

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

UMAT 54913

(1) OWNER: Well Number _____
 Name **Stahl Hutterian #2**
 Address **1485 N. Hoffman Rd.**
 City **Ritzville** State **WA** Zip **99169**

(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 **860'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	+1	720'	Cement	0	720'	845'
26"	+1	42'	Cement	0	42'	81'

How was seal placed: Method A B C D E
 Other **pumped cement**
 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	42'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	720'	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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000		1150	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water **75** 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 **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:
419 ft. below land surface. Date **6-29-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **172'**

From	To	Estimated Flow Rate	SWL
RECEIVED			
SEP 18 2003			
WATER RESOURCES DEPT. SALEM, OREGON			

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Med. soft reddish brown porus basalt			
some hard green clay	213	222	
Med. hard gray basalt	222	240	
Med. soft gray porus basalt	240	281	
Med. hard gray basalt	281	292	
Soft black porus basalt Trace of hard green clay	292	301	
Med. hard black basalt	301	335	
Med. soft porus black basalt Trace of Light green claystone	335	382	
Hard dark gray basalt	382	471	
Med. soft black porus basalt	471	488	
Med. hard black porus basalt	488	494	
Soft brown & gray visicular basalt			
Little water	494	506	
Med. soft porus gray basalt	506	521	
Soft brown & black basalt	521	528	
Med. hard porus dark gray basalt	528	543	
Hard black basalt	543	649	

Date started **5-30-03** Completed **9-5-03**

(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 _____
 Signed *Steve Moore* Date **9-11-03**

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

(WELL I.D.)# L **65427**

(START CARD) # **152970**

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

Umat 54913

(1) OWNER: Well Number _____
 Name **Stahl Hutterian #2**
 Address **1485 N. Hoffman Rd.**
 City **Ritzville** State **WA** Zip **99169**

(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 **860'** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	+1	720'	Cement	0	720'	845'
26"	+1	42'	Cement	0	42'	81'

How was seal placed: Method A B C D E
 Other **pumped cement**
 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	42'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	+1	720'	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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000		1150	1 hr.

Temperature of water **75** 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 **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:
419 ft. below land surface. Date **6-29-03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **172'**

From	To	Estimated Flow Rate	SWL

RECEIVED
SEP 18 2003

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

Material	From	To	SWL
Soft black visicular basalt some green clay	649	654	
Med. hard black porus basalt	654	672	
Med. hard black basalt	672	693	
Soft broken black basalt green clay-Water-	693	698	
Med. hard black basalt	698	729	
Med. soft black basalt Trace of hard green clay	729	752	
Soft Broken Brown & gray basalt Trace of green clay - Water 200gpm	752	773	
Med. hard fractured Black Basalt	773	784	
Soft Black Porus Basalt	784	792	
Med. hard dark gray basalt	792	832	
Broken brown visicular basalt some tan siltstone Water 205psi 75"	832	843	
Soft brown basalt	843	850	
Med. hard gray basalt	850	870	
Med. soft dark gray porus basalt			
Water 215 psi	870	875	
Med. hard gray basalt	875	915	

Date started **5-30-03** Completed **9-5-03**

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 WWC Number _____
 Signed *Steve Mox* Date **9-11-03**

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WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

(WELL I.D.)# L **65427**

(START CARD) # **152970**

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 Other

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HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
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Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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Pump Bailer Air Flowing Artesian

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 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

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 Depth at which water was first found **172'**

From	To	Estimated Flow Rate	SWL
RECEIVED			
SEP 18 2003			
WATER RESOURCES DEPT. SALEM, OREGON			

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Soft porous gray basalt Water 225psi	915	926	
Hard gray basalt	926	939	
Soft porous gray basalt Trace of Green Crystals	939	945	
Med. hard porous gray basalt	945	953	
Very hard light gray basalt	953	978	
Med. hard gray porous basalt	978	1036	
Very hard light gray basalt	1036	1082	
Hard dark gray basalt - Trace of green clay	1082	1095	
Hard light gray basalt	1095	1122	
Med. soft porous basalt Trace of green clay & white crystals	1122	1127	
Med. hard gray porous basalt	1127	1145	
Med. soft Visicular gray basalt Water 260psi	1145	1152	
Med. hard gray porous basalt	1152	1190	
Plugged well back to 860' with cement.			

Date started **5-30-03** Completed **9-5-03**

(unbonded) Water Well Constructor Certification:
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 WWC Number _____
 Signed *Steve Moore* Date **9-11-03**