

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

umata
5610

DEC 12 1991

(START CARD) # **33601**

5N/28E/28a

(1) OWNER:
 Name Richard B. Green
 Address Rt 2, Box 2196
 City Hermiston State OR Zip 97838

(9) LOCATION OF WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 5N Nor S. Range 28E E or W. WM. _____
 Section 28 NW 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt. 2, Box 2196
Hermiston, OR 97838

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 225 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0 28	Cement	0 28	10 sacks
6"	28 225			

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓		✓		✓		✓	
Casing:	6"	+1	28	.250	✓		✓		✓			
Liner:												

Final location of sheets: 28

(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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 37 Drawdown _____ Drill stem at 225 Time 1 hr.

Temperature of water 59° 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: _____

(10) STATIC WATER LEVEL:
111 ft. below land surface. Date 12-2-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 144

From	To	Estimated Flow Rate	SWL
144	200	12	111
200	225	25	111

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy soil	0	1	
Gravel	1	9	
Brown basalt	9	14	
Gray basalt	14	144	
Brown basalt with green soapstone	144	200	WB
Black basalt with green soapstone	200	225	WB

Date started 11-29-91 Completed 12-2-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____ WWC Number _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Patrick Wallace Date 12-9-91 WWC Number 1218