

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

UMAT
 5769

RECEIVED

JAN 14 1993

5N/29E/31ac
 49346

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: Name Darrel E. Sallee Well Number _____

Address Rt. 4, Box 4016
 City Hermiston State OR Zip 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 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	85	Cement	0	85	28 sacks
6"	85	200				

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	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 6"	71	85	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 85

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100+		200	1 hr.

Temperature of Water 59.0 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 5N N or S. Range 29E E or W. WM. _____
 Section 31 SW $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Rt. 3, Box 3876
Hermiston, OR 97838

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 11-12-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 177

From	To	Estimated Flow Rate	SWL
177	185	30	21
185	196	70+	21

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Sandy soil	0	1	
Gray sand	1	49	
Gray clay	49	78	
Gray basalt	78	177	
Gray basalt with green soapstone	177	185	WB
Brown basalt with green soapstone	185	196	WB
Gray basalt	196	200	

Date started 11-12-92 Completed 11-12-92

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1218
 Signed Petrick Wallace Date 12-4-92