

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

UMAT
6225

RECEIVED

SEP 13 1994

5N/28E/240
54112

WATER RESOURCES DEPARTMENT (START CARD) #

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

(1) OWNER:

Name Bob Conforth Well Number _____
Address Rt. 2, Box 2764
City Hermiston State OR Zip 97838

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
15 1/4"	0	66	Cement	0	66	32 sacks
12"	66	700				
10"	700	765				

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: 12"	+1	66	.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) 66

(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"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 1000+ Drawdown _____ Drill stem at _____ Time _____
I hr.

Temperature of water 68° 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 28E E or W. WM.
Section 24 SE 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Bensei Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:

155 ft. below land surface. Date 7-20-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 214

From	To	Estimated Flow Rate	SWL
214	227	300	155
544	563	300	155
714	757	500+	155

(12) WELL LOG:

Material	From	To	SWL
Sandy soil	0	3	
Gravel	3	26	
Gray basalt	26	142	
Brown basalt	142	153	
Gray basalt	153	214	
Red & brown basalt	214	227	WB
Gray basalt	227	309	
Black & brown basalt	309	339	
Gray basalt	339	417	
Black basalt	417	423	
Gray basalt	423	466	
Brown & gray basalt	466	488	
Gray basalt	488	544	
Red & brown basalt	544	563	WB
Gray basalt	563	632	
Red & brown basalt	632	641	
Gray basalt	641	714	
Black basalt	714	757	WB
Gray basalt	757	765	

Date started 7-12-94 Completed 7-20-94

(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 1218
Signed Patrick Wallace Date 8-6-94