

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

RECEIVED
 UMAT 2587 UMAT 2587
 JAN 22 1987

4u/28E-28a
 Deep-Road

(1) OWNER: Well Number: _____
 Name Bud Rich Potato, Inc.
 Address P.O. Box 224
 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:
 Construction approval Yes No Depth of Completed Well 750 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8"	280	750	N/A			

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: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6"</u>	<u>4</u>	<u>404</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Sawed
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0	400	1/8"	3 rows			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 300 Drawdown _____ Drill stem at 750 Time 1 hr.

Temperature of water _____ 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) SACRAMENTO OREGON WELL by legal description:
 County Umatilla Latitude _____ Longitude _____
 Township 4N N or S, Range 28E E or W, WM.
 Section 28 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) P.O. Box 224, Hermiston, OR 97838

(10) STATIC WATER LEVEL:
265 ft. below land surface. Date 1-5-87
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>524</u>	<u>556</u>	<u>60</u>	
<u>704</u>	<u>750</u>	<u>200</u>	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Gray basalt</u>	<u>280</u>	<u>291</u>	
<u>Clay</u>	<u>291</u>	<u>335</u>	
<u>Gray basalt</u>	<u>335</u>	<u>362</u>	
<u>clay</u>	<u>362</u>	<u>398</u>	
<u>Gray basalt</u>	<u>398</u>	<u>524</u>	
<u>Soft red basalt with soapstone</u>	<u>524</u>	<u>556</u>	<u>WB</u>
<u>Gray basalt</u>	<u>556</u>	<u>704</u>	
<u>Soft gray basalt with soapstone</u>	<u>704</u>	<u>750</u>	<u>WB</u>

Date started 12-30-86 Completed 1-5-87

(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 Petrus C Walker Date 1-17-87