

RECEIVED

UMAT  
3430

5W/28E-27ak

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

MAR - 9 1987

(1) OWNER:

Name Don Hoffmann  
Address Box 2727 H  
City Hermiston State ORE Zip 97838

WATER RESOURCES DEPT.  
SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5N N or S, Range 28E E or W, WM.  
Section 27 SE 1/4 NE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(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 \_\_\_\_\_ ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
	10 0 34	CEMENT	0 34	15 SKS	

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:	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					Yes	No	Yes	No		
	10	41	34	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(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		243	1 hr.

Temperature of water 58° 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:

48 ft. below land surface. Date 3-3-87  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
165	190	20	48
225	243	25	48

(12) WELL LOG:

Material	From	To	SWL
SiH	0	6	
cemented gravel	6	15	
Tan Clay	15	25	
Black Basalt	25	140	
Grey Basalt	140	165	
irregularly bedded	165	190	48
Black Basalt	190	225	
Red Cinders	225	243	48

Date started 3-2-87 Completed 3-3-87

(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 \_\_\_\_\_  
Signed E. Brown Date 3-3-87