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

UMAT 3760

AUG 07 1987
WATER RESOURCES DEPT.
SALEM, OREGON

5N/29E-31ab

## (1) OWNER:
Well Number: ____
Name: Charles A. Bloodsworth
Address: Rt. 2, Box 2801
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 73 ft.
Explosives used Yes ☐ No ☐ Type ____ Amount ____

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 14" | 0 | 20 | Cement | 0 | 20 | 10 sacks |
| 10" | 20 | 73 | | | | |
| | | | | | | |
| | | | | | | |

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: | 10" | +1 | 72 | .250 | ☑ | ☐ | ☑ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) 72

## PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## (8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 500+ | | 73 | 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) LOCATION OF WELL by legal description:
County: Umatilla Latitude ____ ' " Longitude ____ ' "
Township: 5N N or S, Range: 29E E or W, WM.
Section: 31 NW ¼ NE ¼
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address): West Walls Rd. Hermiston, OR 97838

## (10) STATIC WATER LEVEL:
42 ft. below land surface. Date 5-22-87
Artesian pressure ____ lb. per square inch. Date ____

## (11) WATER BEARING ZONES:
Depth at which water was first found 42

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 0 | 68 | 5 | |
| 68 | 73 | 500 | |
| | | | |
| | | | |

## (12) WELL LOG:
Ground elevation ____

| Material | From | To | SWL |
|---|---|---|---|
| Sand | 0 | 68 | WB |
| Gravel | 68 | 73 | WB |

Date started 5-22-87 Completed 5-22-87

**(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 Patrick C Walker Date 6-11-87

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