

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

UMAT
 50056

RECEIVED

FEB 26 1996

(START CARD) # 18889

(1) OWNER: Well Number: WATER RESOURCES DEPARTMENT
 Name Aaagen Family Trust SALEM, OREGON
 Address 8326 Middle Way
 City Vancouver State WA Zip 98664

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	35	N/A			
18"	35	136				
15"	136	444				
10"	444	745				

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/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					Steel	Plastic	Welded	Threaded		
Casing: <u>N/A</u>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) _____

(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"/>
						<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 745 Time 1 hr.

Temperature of water 59° 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 35 NE 1/4 NW 1/4
 Tax Lot 2306 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) S. of Baggott Lane, W. of Alpine Dr., Hermiston, OR 97138

(10) STATIC WATER LEVEL:
150 ft. below land surface. Date 1-26-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 570

From	To	Estimated Flow Rate	SWL
570	596	300	150
718	740	500	150

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Existing well	0	444	
Gray basalt	444	495	
Black basalt	495	524	
Brown basalt	524	537	
Gray basalt	537	570	
Brown & gray basalt	570	596	WB
Gray basalt	596	718	
Brown basalt with green soapstone	718	740	WB
Gray basalt	740	745	

Date started 1-23-96 Completed 1-26-96

(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 Wallace Date 2-8-96