

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

UMAT
50495

WELL I.D.# L0000161

(START CARD)# 098355

(Original Start Card # 54104)

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

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	222	370	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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>1200+</u>		<u>370</u>	<u>1 hr.</u>

Pump Bailer Air Flowing Artesian

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: _____

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 5N N or S Range 29E E or W. W.M.
Section 30 SE 1/4 SW 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N. OH Rtl. Hermiston OR 97838

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 4-4-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 284

From	To	Estimated Flow Rate	SWL
<u>284</u>	<u>317</u>	<u>100</u>	<u>23</u>
<u>319</u>	<u>341</u>	<u>100+</u>	<u>23</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Existing hole</u>	<u>0</u>	<u>222</u>	
<u>Gray basalt</u>	<u>223</u>	<u>284</u>	
<u>Black basalt with green soapstone</u>	<u>284</u>	<u>317</u>	<u>WB</u>
<u>Gray basalt</u>	<u>317</u>	<u>319</u>	
<u>Red & brown basalt</u>	<u>319</u>	<u>341</u>	<u>WB</u>
<u>Gray basalt</u>	<u>341</u>	<u>370</u>	

RECEIVED
APR 14 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-1-97 Completed 4-4-97

(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 4-9-97