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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L18923
START CARD # 100709

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

(1) OWNER: Well Number L18923
Name CLB FEEDLOT
Address BUTTER CREEK HWY.
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 469'
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18'				708
16"	18'	227'		227'	125'	
12"	227'	469'		330	225'	158.5

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: 16"	153'	227'	2.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	227'	469'	2.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 16" SHOE AT 153'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
[Handwritten scribble]								

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
300 _____ 460' _____ 1 hr.
300 _____ 325' _____

Temperature of water 71°F 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 4N N or S Range 28 or W. WM.
Section 27 ENE 1/4 35 NW 1/4
Tax Lot 1504 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
325' ft. below land surface. Date 3-21-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 200'

From	To	Estimated Flow Rate	SWL
<u>400'</u>	<u>470'</u>	<u>300</u>	<u>325</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SAUD</u>	<u>0</u>	<u>15'</u>	
<u>SOFT BRN w/BRN BLOCK</u>	<u>15'</u>	<u>137'</u>	
<u>GRN CLAY w/GRAVEL</u>	<u>137'</u>	<u>160'</u>	
<u>BLK BASALT w/GRN CLY ST.</u>	<u>160'</u>	<u>200'</u>	
<u>SOFT BLK w/BASALT</u>	<u>200'</u>	<u>217'</u>	
<u>BLK BASALT</u>	<u>217'</u>	<u>250'</u>	
<u>BRKN BLK w/SOFT BRN</u>	<u>250'</u>	<u>400'</u>	<u>325</u>
<u>BLK SCORIA w/GRN CLY ST.</u>	<u>400'</u>	<u>470'</u>	
<u>BLK BASALT w/GRN CLY ST.</u>	<u>470'</u>	<u>469'</u>	

Date started 1-15-98 Completed 3-21-98

(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.

Signed Ronald R. Otto WWC Number 1702 Date 3-22-98

(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.

Signed Jerry Burd WWC Number 544 Date 3-22-98