

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

UMAT
 5369

RECEIVED

MAR 28 1990

5N/29E/31aa
 (START CARD) # W-19720

(1) OWNER:

Name R.M. Farms Well Number: WATER RESOURCES DEPT.
 Address RT 2 Box 2812 SALEM, OREGON Latitude _____ Longitude _____
 City Hermiston State ore Zip _____

(9) LOCATION OF WELL by legal description:

Township 5N N or S, Range 29 E or W, WM.
 Section 31 NE 1/4 NE 1/4
 Tax Lot 10-00100 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 70 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	20	PTD Cement	0	20	12
8	20	70				

How was seal placed: Method A B C D E
 Other TRENCH

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
					□	□	□	□		
Casing:	8	+2	-70	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 70

(7) PERFORATIONS/SCREENS:

Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	56	1/4 x 1/16	40			<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
457 300	10	70	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: _____

(10) STATIC WATER LEVEL:

15 ft. below land surface. Date 3-4-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10

From	To	Estimated Flow Rate	SWL
10	70	300	15

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SAND TEN	0	15	
" BLECH	15	55	
" BLECH w/GRAVEL	55	70	

Date started _____ Completed _____

(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 544
 Signed Larry Burd Date 3-4-90