

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

WELL I.D. # L 38616  
START CARD # 116971

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

(1) OWNER: Western Investments, Inc. Well Number \_\_\_\_\_  
Name Western Investments, Inc.  
Address P.O. Box 826  
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 175 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Bentonite	0	20	16 sacks
8"	20	96	Cement	86	96	3 sacks
6"	96	175				

How was seal placed: Method  A  B  C  D  E  
 Other Poured 3/8" bentonite  
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: 6"	1	96	24	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 5"	91	175		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 96

(7) PERFORATIONS/SCREENS:

Perforations Method Skillsaw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
135	175	1/8"	4 rows		5"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
50		175	1 hr.

Temperature of water 63° 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 27E E or W. WM.  
Section 36 NE 1/4 NE 1/4  
Tax Lot 2601 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 28810 Stafford Kinsell Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:  
51 ft. below land surface. Date 3-20-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	175	50	51

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Sandy soil	0	6	
Cemented gravel	6	32	
Gray clay	32	56	
Sand	56	78	
Sandy gray clay	78	126	
Gray basalt	126	160	
Soft brown basalt with brown clay	160	175	WB

**RECEIVED**

JUL 31 2000

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 3-16-00 Completed 3-20-00

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_ 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.

Signed Patrick Well WWC Number 1218 Date 4-10-00