

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

WELL I.D. # L. 38616
 START CARD # 129839

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

(1) OWNER: 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 _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
			<u>N/A</u>			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>5 1/2"</u>	<u>69</u>	<u>175.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Torchcut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>155</u>	<u>175</u>	<u>1/4 x 1/8</u>	<u>3</u>	<u>3/8</u>	<u>5 1/2"</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>		<u>175</u>	<u>1 hr.</u>

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/Hansell Rd.
Hermiston OR 97838

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 7-14-00
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Existing well</u>	<u>0</u>	<u>175</u>	
<u>Recondition procedure:</u>			
<u>Pulled existing pvc liner from 91 ft. to 175 ft.</u>			
<u>Installed steel liner from 69 ft. to 175 ft.</u>			
<u>Perforated steel liner from 155 ft. to 175 ft.</u>			

RECEIVED

AUG 10 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7-14-00 Completed 7-14-00

(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.
 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 7-28-00