54154

WELL ID # L 46763 START CARD # 111251

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765) (1) OWNER: Well Number: Sieble Well SAI FM. ORF Name: H4 Farms Address: 115 W Hermiston Ave City: Hermiston State: OR Zip: 97838 (2) TYPE OF WORK: (repair/ New Well Deepening Alteration 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 1150 Explosives Used
☐Yes
☐No Type ---Amount ---HOLE **SEAL** sacks or Diameter From To Material From To pounds 24" 0 20 Cement 20 40 Bags 0 19" 200 319 200 Cement 319 200 Bags 19" 50 200 Back Fill 50 200 270 Bags 19" 90 Bags 0 50 Bent Chip 0 50 How was seal placed: Method A ٦B ЮC $\square D$ Other Backfill placed from 50 Material Bent Chips to 200 from--to ---Material ---Gravel placed from---Size of gravel ---(6) CASING/LINER: CASING: Diameter From To Gauge Plastic Welded Threaded Steel 20 0 20 .375 \boxtimes \boxtimes 16 +1 319 375 LINER: Final location of Shoe(s): (7) PERFORATIONS/SCREENS:

-\$@HEOCATIO	ON OF WELL I	y legal desci	ription:		
iObtounty: Umai	illa Latitud	e: Longitude:			
Township: 3N	Range:	: <u>29E</u>			
Section: 9	<u>SE_</u>	1/4	SW	1/4	
Tax Lot: 3200	Lot:	Block: Subdivision:			
Street Address	of Well (or nea	rest address)			
Cemetary Rd					
(10) STATIC	WATER LEV	EL:			
369 Ft. below land surface Date 3-22-			3-22-0)1	
Artesian pressure lb. per sq. in.			;		
	<u>-</u>				
(11) WATER	BEARING ZO	NES:			
	n water was first				
From	To	Est. Flow Rate		SWL	
289	302	500+			234
681	689	200			369
1025	1041	500			369
1092	1150	1000+		-	369
(12) WELL	LOG:	Ground Ele	vation:		
	Material		From	To	SWL
Top Soil & S	and		0	10	

(12) WELL LOG: Ground Elevation:				
Material	From	To	SWL	
Top Soil & Sand	0	10		
Basalt Broken	10	14		
Basalt Brownish Black Med Soft	14			
w/some Broken Basal		58	1	
Basalt Gray Med Hard	58	118	<u> </u>	
Basalt Black Vic Soft	118	138	<u> </u>	
Basalt Gray Hard	138	152		
Basalt Black Med to Soft	152	182	1	
Basalt Gray Hard	182	203	1	
Basalt Black w/Clay Blue	203	242	-	
Basalt Gray Hard	242	289		
Basalt Vic Black	289	302	 	
Basalt Blackish Gray Med Hard	302	318	 	
Basalt Gray Med Hard	318	340		
Basalt Black Med Hard	340	380	1	
Basalt Gray Hard	380	475		
Basalt Gray Med Hard	475	570	<u> </u>	
Basalt Black Med Hard	570	605	† —	
Basalt Gray Hard	605	630		
Basalt Med Soft	630	635	—	
Basalt Hard Black	635	669	1	
Basalt Hard Gray	669	681	- 	
Basalt Fract Gray	681	689	H2O	
Basalt Hard Black	689	696	 	
Basalt Fract Black	696	728	1	
Basalt Med Hard Gray	728	740	1	
Basalt Fract Black	740	766	+	
Date Started: 1/31/01	Completed: 3/	/22/01	1	

(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 806 Signed Date 3/27/01

(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

WWC Number 723 Date 3/27/01

Material:

Diameter

Tele/pipe

Casing Liner

☐ Pump Yield gpm	Drawdown	⊠ Air ∐ Drill Stem at	Flowing Artesian Time
			1 hr.
1800		1500	10

Temperature of water 56 Depth Artesian Flow Found ---Was a water analysis done? ---By whom: ---

Did any strata contain water not suitable for intended use? (explain)

Depth of Strata:

Perforations Method:

Type:

Slot

Size

No

Screen

To

From

STATE OF OREGON WATER SUPPLY WELL REPORT (or required by ORS 537.765)	WELL ID # L START CARD #			
(as required by ORS 537.765) (1) OWNER: Well Number: MAR 2	(9) LOCATION OF WELL by legal descr County: Latitude: I	ription:		
Well Number: MAR 2 3 2	County: Latitude: I	Longitude:		
Name:	Solb and Range:	17		
Address: WATEN OH	Tax Lot:	Subdivision:		
City: State: Zip. 31	Street Address of Well (or nearest address)			
New Well Deepening Alteration recondition) Abandonment	(10) STATIC WATER LEVEL:			
(3) DRILL METHOD: Rotary Air Rotary Mud Cable Auger	Ft. below land surface	Date		
Other:	Artesian pressure lb. per sq. in.	Date		
(4) PROPOSED USE:	(11) WATER BEARING ZONES:			
Domestic Community Industrial Irrigation	Depth at which water was first found			
Thermal Injection Livestock Other		low Rate SWL		
(5) BORE HOLE CONSTRUCTION:				
Special Construction approval Yes No Depth of Completed Well				
Explosives Used Yes No Type Amount				
HOLE SEAL sacks or				
Diameter From To Material From To pounds				
	(12) WELL LOG: Ground Ele			
	Material	From To SWL		
	Basalt Mesd Black Basalt Fract Green Inseams	766 781 781 816		
	Basalt Med Black Hard	816 844		
How was seal placed: Method \[A \] B \[C \] D \[E \]	Basalt Hard Gray	844 888		
Other	Basalt Fract Black	888 935		
Backfill placed from to Material from to Material	Basalt Very Fract Gray	935 942		
Gravel placed from to Size of gravel	Basalt Fract Gray	942 961		
(6) CASING/LINER:	Basalt Black	961 985		
CASING:	Basalt Black Med	985 1003 1003 1025		
Diameter From To Gauge Steel Plastic Welded Threaded	Basalt Gray Hard Bsalt Black Fract	1003 1023		
	Basalt Gray Med Hard	1041 1092		
	BasaltRed Soft	1092 1114 369		
	Basalt Fract Hard	1114 1120 369		
LINER:	Basalt Fract Gray Soft	1120 1150 369		
Final location of Shoe(s):				
(7) PERFORATIONS/SCREENS:				
Perforations Method:				
Screen Type: Material: Tele/pipe				
From To Size No. Diameter size Casing Liner				
	Date Started: Co.	mpleted:		
	(unbonded) Water Well Constructor Certification			
(8) WELL TESTS: Minimum testing time is 1 hour	I certify that the work I performed on the			
Pump Bailer Air Flowing Artesian	abandonment of this well is in compliance with construction standards. Materials used and info			
Yield gpm Drawdown Drill Stem at Time	to the best of my knowledge and belief.	imation reported above are true		
1 hr.		WWC Number		
	Signed			
	(bonded) Water Well Constructor Certification: I accept responsibility for the construction			
Temperature of water Depth Artesian Flow Found By whom:	work performed on this well during the construc-	ction dates reported above. All		
Did any strata contain water not suitable for intended use? (explain)	work performed during this time is in complian-	ce with Oregon water supply		
Did any on the contain mater not contacte for intended user (emplain)	well construction standards. This report is true belief.	to the best of my knowledge an		
Depth of Strata:		WWC Number		
	Signed	Date		