

MAR 29 2001

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(1) OWNER:

Name: H4 Farms
Address: 115 W Hermiston Ave
City: Hermiston State: OR Zip: 97838

Well Number: Sieble Well SALEM, OREGON

WELL ID # L 46763
START CARD # 111251

LOCATION OF WELL by legal description:
County: Umatilla Latitude: Longitude:
Township: 3N Range: 29E
Section: 9 SE 1/4 SW 1/4
Tax Lot: 3200 Lot: Block: Subdivision:
Street Address of Well (or nearest address) _____
Cemetery Rd Echo, OR

(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			
Diameter	From	To	Material	From	To	sacks or pounds
24"	0	20	Cement	0	20	40 Bags
19"	200	319	Cement	200	319	200 Bags
19"	50	200	Back Fill	50	200	270 Bags
19"	0	50	Bent Chip	0	50	90 Bags

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 50 to 200 Material Bent Chips
from--- to --- Material ---
Gravel placed from--- to --- Size of gravel ---

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
20	0	20	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	+1	319	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:
Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____
 Screen Type: _____ Material: _____
Slot Size: _____ Tele/pipe size: _____

From	To	Size	No.	Diameter	size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

Yield gpm	Drawdown	Drill Stem at	Time
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: _____

(10) STATIC WATER LEVEL:
369 Ft. below land surface Date 3-22-01
Artesian pressure _____ lb. per sq. in. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

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 Elevation: _____

Material	From	To	SWL
Top Soil & Sand	0	10	
Basalt Broken	10	14	
Basalt Brownish Black Med Soft w/some Broken Basal	14	58	
Basalt Gray Med Hard	58	118	
Basalt Black Vic Soft	118	138	
Basalt Gray Hard	138	152	
Basalt Black Med to Soft	152	182	
Basalt Gray Hard	182	203	
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	
Basalt Gray Hard	380	475	
Basalt Gray Med Hard	475	570	
Basalt Black Med Hard	570	605	
Basalt Gray Hard	605	630	
Basalt Med Soft	630	635	
Basalt Hard Black	635	669	
Basalt Hard Gray	669	681	
Basalt Fract Gray	681	689	H2O
Basalt Hard Black	689	696	
Basalt Fract Black	696	728	
Basalt Med Hard Gray	728	740	
Basalt Fract Black	740	766	

Date Started: 1/31/01 Completed: 3/22/01
(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 *David Beasley* WWC Number 806
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 *[Signature]* WWC Number 723
Date 3/27/01

