

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 56459
START CARD # 135437

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

(1) LAND OWNER Well Number _____
Name Space Age Fuel, Jim Pliska
Address P.O. Box 607
City Gresham State OR Zip 97030

(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 Commercial

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 115 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	50	Bentonite	0	50	36 sacks
10"	50	115				

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:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	10"	72	115	.250	<input checked="" 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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 115

(7) PERFORATIONS/SCREENS:
 Perforations Method Slotte perforator
 Screens Type _____ Material Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	110	1/4 x 1/8	6 Rows			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 60 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 64° 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 28E E or W. WM.
Section 33 SE 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Rt. 1, Box 1929 Hermiston, OR 97838

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 7-26-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
55	95	25	22
95	115	35	22

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy soil	0	9	
Sandy gravel	9	15	
Sandy brown clay	15	26	
Sandy yellow clay	26	55	
Sand & gravel	55	95	WB
Gravel	95	115	WB

RECEIVED

JUL 29 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-20-01 Completed 7-26-01

(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.
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 8-15-01