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STATE OF OREGON

WATER SUPPLY WELL REPORT JAN 13 2003

WELL I.D. # L 49868
START CARD # 140907

(as required by ORS 537.765)

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

(1) LAND OWNER
Name Beef City Feedlot
Address 81181 Marks Rd
City Hermiston State OR Zip 97138

(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 905 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds.
Diameter	From	To	Material	From	To	
12	0	420	Cement	0	145	26 Sks
11 7/8	420	580				
9 7/8	580	905				

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:	10	0	145	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 145

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe 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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000+		905	1 hr.

Temperature of water 59° 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 5N N or S Range 29E E or W. WM.
Section 26 NE 1/4 SW 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 1-6-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
875	887	500+	62

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Reamed well from 400	580	58	
11 7/8" deepened 978 to 905			
Black Basalt	555	590	62
Grey Basalt	590	665	
Black Basalt	665	679	
Red Cinders	679	695	
Black Basalt	695	735	
Grey Basalt	735	836	
Fractured Basalt	836	875	
Red Brown Basalt	875	887	
Black Basalt	887	905	62

Date started 11-18-02 Completed 1-3-03

(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 759
Signed [Signature] Date 1-7-03