

RECEIVED

Umat 54830

DEC 15 1992

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

(1) OWNER: Name Charles A. Bloodsworth, Well Number: _____, Address Rt. 2, Box 2801, City Hermiston, State OR, Zip 97838

(9) LOCATION OF WELL by legal description: Umatilla, Latitude _____, Longitude _____, SALEM, OREGON 5N 28E, Section 36 NW 1/4 NW 1/4, Tax Lot 100, Lot _____, Block _____, Subdivision _____, Street Address of Well (or nearest address) Rt. 2, Box 2801, Hermiston, OR 97838

(2) TYPE OF WORK: [X] New Well, [] Deepen, [] Recondition, [] Abandon

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Other _____

(4) PROPOSED USE: [] Domestic, [] Community, [] Industrial, [X] Irrigation, [] Thermal, [] Injection, [] Other _____

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No [X] Depth of Completed Well 105 ft., Explosives used [] [] Type _____ Amount _____

Table with columns: HOLE Diameter, SEAL From, To, Material, Amount sacks or pounds. Row 1: 16" 0 20 Cement 0 20 16 sacks. Row 2: 12" 20 105

How was seal placed: Method [] A [] B [X] C [] D [] E, Backfill placed from _____ ft. to _____ ft. Material _____, Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 12" 1 105 .250 [X] [] [X] []

(7) PERFORATIONS/SCREENS: [] Perforations Method _____, [] Screens Type _____ Material _____

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump, [] Bailer, [X] Air, [] Flowing Artesian. Yield gal/min 4,000, Drawdown _____, Drill stem at 105, Time 1 hr.

Temperature of water 64.0, Depth Artesian Flow Found _____, Was a water analysis done? [] Yes By whom _____, Did strata contain water not suitable for intended use? [] Too little, [] Salty [] Muddy [] Odor [] Colored [] Other _____, Depth of strata: _____

(10) STATIC WATER LEVEL: 62 ft. below land surface. Date 2-10-87, Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 2 98 20. Row 2: 98 105 1,000

(12) WELL LOG: Ground elevation _____, RECEIVED NOV 25 1992, WATER RESOURCES DEPT. SALEM, OREGON, RECEIVED JUN 26 2003, Application No. 6-13216, Permit No. _____

Date started 2-9-87 Completed 2-10-87

(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 well construction standards. Signed _____ WWC Number _____ 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. Signed Patrick Wallace WWC Number 1218 Date 2-20-87