

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

WELL I.D. # L 48871
 START CARD # 161118

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

(1) LAND OWNER Well Number _____
 Name Mary L. Huffman
 Address 31056 Klaus Rd.
 City Hermiston State OR Zip 97838

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>7.3"</u>	<u>350</u>	<u>600</u>	<u>N/A</u>			

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	SEAL			
					Steel	Plastic	Welded	Threaded
Casing:					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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

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

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
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>60</u>		<u>600</u>	<u>1 hr.</u>

Temperature of water 61° 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 28E E or W. WM.
 Section 26 NW 1/4 SW 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 31056 Klaus Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:
120 ft. below land surface. Date 9-12-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 376

From	To	Estimated Flow Rate	SWL
<u>376</u>	<u>402</u>	<u>6</u>	<u>120</u>
<u>326</u>	<u>541</u>	<u>10</u>	<u>120</u>
<u>385</u>	<u>600</u>	<u>20</u>	<u>120</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Existing Well</u>	<u>0</u>	<u>350</u>	
<u>Gray basalt</u>	<u>350</u>	<u>376</u>	
<u>Black basalt with soapstone</u>	<u>376</u>	<u>402</u>	<u>WB</u>
<u>Gray basalt</u>	<u>402</u>	<u>465</u>	
<u>Black basalt</u>	<u>465</u>	<u>490</u>	
<u>Gray basalt</u>	<u>490</u>	<u>526</u>	
<u>Red + black basalt</u>	<u>526</u>	<u>541</u>	<u>WB</u>
<u>Red + gray basalt</u>	<u>541</u>	<u>560</u>	
<u>Gray basalt</u>	<u>560</u>	<u>585</u>	
<u>Black basalt</u>	<u>585</u>	<u>600</u>	<u>WB</u>

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 WATER RESOURCES DEPT
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Date started 9-9-03 Completed 9-12-03

(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 1218
 Signed Peteck Wilcox Date 9-30-03