

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

WELL I.D. # L 70037

START CARD # W162349

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

(1) LAND OWNER Well Number _____
Name **HERMISTON FOODS**
Address **2250 S HY 395**
City **HERMISTON** State **OR** Zip **97838**

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well **230** ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
16"	0'	18'	HOLE PLUG 0	18	30	30
14	18	199				
10	199	230				

How was seal placed: Method A B C D E
 Other **POURED**
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: 12"	+2	-197	.375	<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) _____

(7) PERFORATIONS/SCREENS
 Perforations Method **MILLS KNIFE**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
80'	100'	3/8"	80			<input type="checkbox"/>	<input type="checkbox"/>
		X				<input type="checkbox"/>	<input type="checkbox"/>
		4"				<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
125		100	3 HR

Temperature of water **65** 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 (legal description)
County **UMATILLA**
Tax Lot **10600** Lot _____
Township **4N** N Range **29** E WM
Section **17** NE 1/4 NW 1/4

Lat _____ ° ' " or _____ (degrees or decimal)
Long _____ ° ' " or _____ (degrees or decimal)

Street Address of Well (or nearest address) **78910 CANAL RD**
HERMISTON OR 97838

(10) STATIC WATER LEVEL
67' ft. below land surface. Date **6/6/2004**
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found **86'**

From	To	Estimated Flow Rate	SWL
86'	106'	125 GPM	67'

(12) WELL LOG Ground Elevation **670'**

Material	From	To	SWL
SAND	0	17	
TAN CLAY	17	86	
GRAVEL	86	106	67'
SILTSTONE	106	158	67'
GRAVEL	158	172	67'
BROWN CLAY	172	186	67'
SAND & GRAVEL	186	193	67'
BLACK BASALT	193	197	67'
GRAVEL	197	230	67'

RECEIVED
JUL 12 2004
WATER RESOURCES DEPT
SALEM, OREGON
Date Started **04/02/2004** Completed **06/06/2004**

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 **1735** Date **06/06/2004**

Signed **CHAD COURTNEY**

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 **544** Date **06/06/2004**

Signed **Jerry Bund**