

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

WELL I.D. # L 83479
 START CARD # 185240

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

(1) LAND OWNER Well Number
 Name John White or Richard Smith
 Address P.O. Box 1751
 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 1060 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
12"	622 645	N/A			
8"	645 1060				

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:				<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:

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 1,000+ Drawdown _____ Drill stem at _____ Time 1 hr.
Beginning flow 300 gpm
 Temperature of water 70° 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 30E E or W. WM.
 Section 3 NE 1/4 SE 1/4
 Tax Lot 401 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Kozmos Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL: Beginning static 490 ft.
423 ft. below land surface. Date 8-10-06
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 815

From	To	Estimated Flow Rate	SWL
815	855	500+	423
938	950	100+	423

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Gray basalt, hard	622	645	
Dark gray basalt, hard	645	664	
Brown basalt, soft	664	676	
Black basalt	676	710	
Gray basalt	710	815	
Brown & gray basalt, soft	815	855	WB
Gray basalt	855	938	
Black basalt with blue soapstone	938	950	WB
Gray basalt	950	990	
Black basalt	990	1035	
Gray basalt	1035	1060	

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 SEP 28 2006

DATE WATER RESOURCES DEPT. SALEM, OREGON Completed 8-10-06

(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 8-18-06