

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

*umat*  
*5620*

JAN 13 1992

4N/29E/33bd  
 20083  
 (START CARD) #

(1) OWNER: Well Number: \_\_\_\_\_  
 Name *Buff & Brew*  
 Address *Rt 1 Box 1929*  
 City *Hermiston* State *OR* Zip *97838*

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes  No  Depth of Completed Well *223* ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<i>10</i>	<i>0</i>	<i>120</i>	<i>Cement</i>	<i>0</i>	<i>120</i>	<i>2250</i>
<i>6</i>	<i>120</i>	<i>223</i>				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					Steel	Plastic	Welded	Threaded		
Casing:	<i>6</i>	<i>41</i>	<i>120</i>	<i>250</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>

Final location of shoe(s) *120*

(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"/>
						<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 *50* Drawdown \_\_\_\_\_ Drill stem at *223* Time *1 hr.*

Temperature of water *56°* 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 *29E* E or W, WM.  
 Section *33 SE 1/4 NW 1/4*  
 Tax Lot *102* Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) *J 848 Buttercreek Rd.*

(10) STATIC WATER LEVEL:  
*40* ft. below land surface. Date *1-9-92*  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found *17*

From	To	Estimated Flow Rate	SWL
<i>17</i>	<i>29</i>	<i>10</i>	<i>14</i>
<i>76</i>	<i>108</i>	<i>10</i>	<i>14</i>
<i>204</i>	<i>218</i>	<i>50</i>	<i>40</i>

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
<i>Silt</i>	<i>0</i>	<i>3</i>	
<i>Cemented gravels</i>	<i>3</i>	<i>17</i>	
<i>Silt</i>	<i>17</i>	<i>29</i>	
<i>Silt &amp; gravels</i>	<i>29</i>	<i>76</i>	
<i>Yellow clay &amp; sand &amp; gravels</i>	<i>76</i>	<i>108</i>	
<i>Blue Clay</i>	<i>108</i>	<i>113</i>	
<i>Black Basalt</i>	<i>113</i>	<i>180</i>	
<i>Grey Basalt</i>	<i>180</i>	<i>204</i>	
<i>Vesicular Basalt</i>	<i>204</i>	<i>218</i>	<i>40</i>
<i>Black Basalt</i>	<i>218</i>	<i>223</i>	

Date started *1-7-92* Completed *1-9-92*

(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. Materials used and information reported above are true to my best knowledge and belief.  
 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. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.  
 Signed *S. Brown* WWC Number *1153*  
 Date *1-9-92*