

5 UMAT 6039
 RECEIVED UMAT 6039 JUN 13 1994

5N/29E/30
 54104

(1) OWNER:

Name Charles A. Bloodsworth Well Number _____
 Address Rt. 2, Box 2801
 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 63 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
15"	0 20	Bentonite	0 20	20 sacks	
12"	20 63				

How was seal placed: Method A B C D E
 Other Toured 3/8" bentonite chips

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	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: 12"	1	60	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 60

(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
1,000+		63	1 hr.

Temperature of Water 57° 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 29E E or W. WM. _____
 Section 30 1/4 _____ 1/4 _____
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) N. off Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:

23 ft. below land surface. Date 5-9-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 47

From	To	Estimated Flow Rate	SWL
47	63	1,000+	23

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Sandy soil	0	2	
Sand	2	20	
Sandy gravel	20	29	
Sand	29	47	
Gravel	47	63	WB

Date started 5-6-94 Completed 5-9-94

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1218
 Signed Patrick Wallace Date 5-31-94