

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

UMAT  
6228

RECEIVED

SEP 13 1994

5N/28E/25ab  
54102

(START CARD) #

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

(1) OWNER:

Well Number \_\_\_\_\_  
Name Charles A. Bloodworth  
Address Rt. 2, Box 2801  
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 225 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	36	Cement	0	36	19 sacks
8"	36	225				

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: 8"	11	36	.250	<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"/>

Final location of shoe(s) 36

(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
500		225	1 hr.

Temperature of water 59° 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: \_\_\_\_\_

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County Umatilla Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 5N N or S Range 28E E or W. WM. \_\_\_\_\_  
Section 25 NW 1/4 NE 1/4  
Tax Lot 5400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Bensel Rd. Hermiston, OR 97838

(10) STATIC WATER LEVEL:

86 ft. below land surface. Date 6-27-94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 211

From	To	Estimated Flow Rate	SWL
211	225	500	86

(12) WELL LOG:

Material	From	To	SWL
Sandy soil	0	1	
Gravel	1	29	
Gray basalt	29	145	
Brown & black basalt	145	161	
Gray basalt	161	211	
Red & brown basalt with green soapstone	211	225	WB

Date started 6-24-94 Completed 6-27-94

(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 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 7-5-94