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APR 24 1995

63425

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

WATER RESOURCES DEPT. (START CARD) #
SALEM, OREGON

(1) OWNER: Well Number
Name OSU Experiment STA.
Address PO 105
City Hermiston State OR Zip 97838

(9) LOCATION OF WELL by legal description:
County Umatilla Latitude _____ Longitude _____
Township 4 N or S. Range 28 E or W. WM.
Section 23 NE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Experiment STA - Rd - Hermiston

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

(10) STATIC WATER LEVEL:
332 ft. below land surface. Date 4-13-95
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 47

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 770
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
47	118	10	90
194	208	10	90
379	380	2.5	190
761	770	500	332

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
12	0 60	Bentonite	0 60	48
10	60 230	Bentonite	60 190	10 SKS
8	230 770	Cement	190 440	
		Cement	440 530	pressured

(12) WELL LOG:
Ground elevation _____

How was seal placed: Method A B C D E
 Other Bentonite stored dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Material	From	To	SWL
Silt, Boulders, Gravel	0	47	
Tan Clay	47	118	
Cemented gravel	118	145	
Blue Clay	145	194	
Soft Basalt	194	208	
Blue Clay	208	225	
Black med Basalt	225	278	
Fractured Basalt	278	295	
Grey Basalt	295	350	
Blue Clay & Basalt	350	361	
Fractured Basalt	361	401	
Blue Clay	401	418	
Fractured Basalt/clay	418	455	
Black med Basalt	455	508	
Grey Basalt	508	526	
Soft Black Basalt	526	578	
Med Black Basalt	578	610	
Soft Black Basalt	610	647	
Med Black Basalt	647	665	
Soft Black Basalt	665	685	
Grey Basalt	685	712	
Soft Black Basalt	712	770	

(6) CASING/LINER:
Casing: Diameter From To Gauge Steel Plastic Welded Threaded
8 71 230 250
6 20 442 250
Liner: _____
Final location of shoe(s) 230

Date started 1-27-95 Completed 4-6-95
(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.

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
NA

Signed _____ Date _____
WWC Number _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
500 _____ 770 1 hr.

(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 J. Brown WWC Number 759
Date 4-14-95

Temperature of Water 62 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: _____

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SALEM, OREGON

OS4
S/K 63425

HERMISTON STATION
COLUMBIA BASIN
AGRICULTURAL RESEARCH CENTER
HERMISTON, OREGON

