

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

UMAT
6517

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OCT - 9 1995

05N/29E/28B

WATER RESOURCES DEPT. (START CARD) # 78386

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

(1) OWNER: Well Number _____
Name Don Hodney
Address 600 N.E. 13rd
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 150 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	34	Cement	0	34	12 sacks
6"	34	150				

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: 6"	71	34	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) 34

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 35 Drawdown _____ Drill stem at _____ Time _____
Temperature of water 60° 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 29E E or W. WM. _____
Section 28 1/4 NW 1/4 _____
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) DeMoss Addition
Hermiston, OR 97838

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 8-2-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 115

From	To	Estimated Flow Rate	SWL
115	125	12	8
125	150	23	8

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy soil	0	3	
Sand	3	24	
Sandy gravel	24	29	
Gray basalt	29	115	
Red basalt	115	125	WB
Brown & gray basalt	125	150	WB

Date started 8-2-95 Completed 8-2-95

(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 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 Petrick Wallace Date 8-31-95