

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

Union 1425

10/30/85
6529

(START CARD) #

(1) OWNER: Well Number: _____
 Name Hot Lake R.U. Resort Inc.
 Address P.O. Box 160
 City LaGrande State OR Zip 97850

(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 R.U. Park

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 755 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	100	Cement	0	100	30 sacks
8"	100	755				

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	Seal		Type	
					Steel	Plastic	Welded	Threaded
Casing:	8"	+2	531	.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) 531

(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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 70 Drawdown _____ Drill stem at 755 Time 1 hr.

Temperature of water _____ 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 Union Latitude _____ Longitude _____
 Township 4S N or S, Range 39E E or W, WM.
 Section 5 1/4 _____ 1/4 _____
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Foothill Rd.
LaGrande, OR 97850

(10) STATIC WATER LEVEL:
Artesian ft. below land surface. Date 10-17-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 490

From	To	Estimated Flow Rate	SWL
490	551	30	
702	755	40	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Caliche	0	8	
Sandy gray clay	8	259	
Gray clay with broken rock	259	270	
Gray clay	270	312	
Sandy gray clay	312	430	
Clay stone	430	437	
Gray clay	437	490	
Gray clay with gravel	490	551	WB
Gray clay	551	644	
Gray clay with gravel	644	702	
Broken gray basalt	702	755	WB

Date started 10-11-88 Completed 10-17-88

(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 C. Walker Date 11-10-88