

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

MALH 111

JAN - 9 1989

RECEIVED  
 Math III  
 8313  
 158/422/24

(1) **OWNER:** Owner's Well Number: \_\_\_\_\_  
 Name JOHN F. PUGH  
 Address Box 94 - 5600 - JOHN DAY - HI-WAY  
 City BROGAN State ORE Zip 97903

(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 \_\_\_\_\_

**BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well 140 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	BENONITE	0	18	7 - SACKS
8"	17	140				

How was seal placed? Method  A  B  C  D  E  
 Other DRY - FROM SURFACE  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Material				
				Steel	Plastic	Welded	Threaded	
Casing:	8"	17'	53'	250	<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"/>

Final location of shoe(s) 53'

(7) **PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Tele/pipe 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 20 Pumping level 110' Drill stem at \_\_\_\_\_ Time 1 hr  
 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: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County MALHEUR Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15 or S, Range 42 E or W, WM.  
 Section 24 D 1/4 1/4  
 Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL:**  
57 ft. below land surface. Date 12-15-88  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
Top Soil	0	4		
CLAY - DARK BROWN	4	14		
CLAY - LT. BR	14	20		
GRAVEL - MD	20	26		
Boulders	26	32		
CLAY - BR	32	57		
CLAY - BR - SANDY	57	105	WB	5'
CLAY - LT. BR	105	125	WB	5'
CLAY - LT. BR - SANDY	125	135	WB	5'
CLAY - LT. BR - HARD	135	139	WB	5'
CLAY - BLUE	139	140	WB	5'

Date started 12-12-88 Completed 12-22-88

(unbonded) **Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Harry Schaffer Date 1-6-89

(bonded) **Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Company \_\_\_\_\_ Co. Job No. \_\_\_\_\_

MALH 111

# WELL IDENTIFICATION FORM

Owner's Well Number: \_\_\_\_\_

## CURRENT WELL OWNER:

Phone: \_\_\_\_\_

**RECEIVED**

Name: John Pugh

JUN 7 1999

Mailing Address: 5600 John Day Hwy

WATER RESOURCES DEPT.  
SALEM, OREGON

City: Vale, State: OR Zip: 97918

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

## WELL LOCATION:

MALH 111

County: Mallam Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: 15 N of (S) Range: 42 (E or W) Section: 24 E 1/4 NE 1/4

Tax Lot Number: #400

Street Address of Well (if different from above): (same)

## WELL INFORMATION:

Start Card Number: \_\_\_\_\_ Approx Construction Date: 1-89

Well Constructor: Harry Schaffer

Name of Owner at Time of Construction: John Pugh

Well Depth (in feet): 140 ft. Static Water Level (in feet): 57

Diameter of Exposed Well Casing (in inches): 8"

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: X If yes:

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to: Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310

(Office use only)

Well Identification Number: \_\_\_\_\_

Please process for a T.O. #  
on this well.

Thank you,  
Marry Anthony  
T.P.A.

WELL I.D.# 34514