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MAY 12 1988

Malheur
1928

185/46 E-216c

III - 5-1988

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

(1) OWNER: Owner's Well Number: 4804
Name: GEORGE LARRY RICK GRANT - MITAMUKA
Address: 979 ONION AVE
City: ONTARIO State: ORE Zip: 97914

(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

(5) BORE HOLE CONSTRUCTION:
Depth of Completed Well 35 ft.
Special Standards date of approval _____

HOLE meter	From	To	Material	SEAL		Amount sacks or pounds
				From	To	
16"	0	35'	Cement	10'	18'	4-SACKS
			Bennite	0	10'	6-SACKS

How was seal placed? Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 18 ft. to 35 ft. Size of gravel 3/8

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
				Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: <u>12</u>	<u>0</u>	<u>35</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

_____ (seal location of shoe(s))

(7) PERFORATIONS/SCREENS:

Perforations Method SKILL-SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>20</u>	<u>35'</u>	<u>1/8</u>	<u>135</u>	<u>1 1/8</u>	<u>3"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time 1/2 hr
<u>250</u>	<u>25</u>		<u>1 hr</u>

Temperature of water 58 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:
TOWNSHIP 18 or S, Range 46 E or W, WM.
Section 21 SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 6-7-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Top-Soil	0	4		
CLAY-LT-BR.	4	23		
GRAVEL-MD.	23	31	WB	10
CLAY-BLUE	31	35	✓	10

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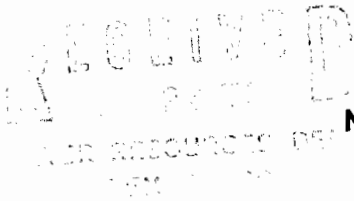
OCT - 5 1988

WATER RESOURCES DEPT,
SALEM, OREGON

Date started 6-7-88 Completed 6-14-88

(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 _____ Date _____

(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 Fanny Schiffer Date 6-30-88
Company _____ Co. Job No. _____



"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address George,
Rick, Larry, Grant, Kitamura
979 Onion Ave.
Ontario, Ore 97914

Proposed Commencement Date 6-7-88

Proposed Well Depth 150, Diameter 12
and Use:
 Domestic Community Industrial Irrigation additional
 Thermal Injection Other _____

Proposed Well Location: County Malheur
Township 18 (N or S) Range 46 (E or W) Section 21

At least 2 of these must be provided

- 1. SW 1/4 of NW 1/4 of above section
- 2. street address of well location _____
- 3. tax lot number of well location 2100
- 4. attach approved map with location identified. (see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x George Kitamura
Owner's Signature

x Harry Schaffer
Banded Water Well Constructor

6-7-88
Date

License No. 1313
Company _____

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.