

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

MALH 1721
 1721

NEGATIVE
 SEP 30 1988

185/47E-308A

WATER RESOURCES DEPARTMENT (START CARD) #

(1) OWNER: Well Number: _____
 Name MALHEUR CO EXPERIMENTAL STATION
 Address 595 onion ave.
 City ontario State oregon 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:
 Special Construction approval Yes No Depth of Completed Well 90 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | Amount sacks or pounds |
|----------|------|----|-----------|------|---------------------------|
| Diameter | From | To | Material | From | |
| 16 | 0 | 20 | bentonite | | 1100 lbs |
| 14 | 20 | 70 | | | |
| 12 | 70 | 90 | | | |

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: 10 | 2 | 70 | .25 | <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) 70

(7) PERFORATIONS/SCREENS:
 Perforations Method torch
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 55 | 67 | 1/8x1/4 | 800 | 10 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|---|
| p 574 | 55' | | 5hr <input checked="" type="checkbox"/> |
| air 600 | | 70 | 6hr |

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:
 County malheur Latitude _____ Longitude _____
 Township 18 s Nor S, Range 47 e E or W, WM.
 Section 30 ne 1/4 nw 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
rt 1 box 620 ontario ore

(10) STATIC WATER LEVEL:
 _____ 20ft. below land surface. Date 7-22-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 45

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 45 | 65 | 600 | 20 |

(12) WELL LOG: Ground elevation _____

| Material | From | To | SWL |
|---------------|------|----|-----|
| brown soil | 0 | 8 | |
| brown clay | 8 | 41 | |
| sand & gravel | 41 | 65 | 20 |
| blue clay | 65 | 90 | |

Date started 7/21/88 Completed 8/7/88

(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.
 Signed _____ WWC Number _____
 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.
 Signed [Signature] WWC Number 682
 Date _____

RECEIVED No 3409

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

JUL 14 1988
WATER RESOURCES DEPT.
SALEM, OREGON

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 Malheur County Dispensary Station
595 Orion Ave

Proposed Commencement Date 7-11-88 drill & seal
Proposed Well Depth 200, Diameter 6" test possibly 10" finish production
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other test possible 2 or 3

Proposed Well Location: County Malheur
Township 18 (N or S) Range 47 E (E or W) Section 30

At least 2 of these must be provided

- NE 1/4 of NW 1/4 of above section
- street address of same well location
- tax lot number of well location _____
- attach approved map with location identified. Latitude 43° 59 minutes North
(see reverse of this form for approved maps) Longitude 117° 1 minute West

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 Clinton C. Shook
Owner's Signature

Title

Date

x John J. L.M.
Bonded Water Well Constructor
License No. 682
Company Gallos Drilling

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

9-18-88 L.P. (Received From Salem Office)