

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

MALH 1722
 MALH 1722

NOV 10 1988

47E
 18S/17E-3000

(START CARD) #

(1) OWNER:
 Name MALHEUR CO EXPERIMENTAL STATION
 Address rt 1 box 620
 City ontario State oregon 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	To	
16	0	22	cement	0	22	2210 lb
14	22	60				
12	60	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
10	2	60	.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) 60

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	46		2000	1/8x2		<input checked="" type="checkbox"/>	<input type="checkbox"/>
46	58		800	1/8x5		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing
 Artesian
 Yield gal/min 185 Drawdown 50 Drill stem at 5hr Time 11 hr
 P air 250 _____ 60 _____

Temperature of water 57 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 N or 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 or

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 7/29/88
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
30	58	300 -	13

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
brown clay	0	22	
sand	22	25	
sand & gravel	25	70	13
blue clay	70	90	

Date started 7/27/88 Completed 8/8/88

(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 Johy L. Smith WWC Number 682
 Date _____

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

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 Appoint Station
* 595 Onion Av

Proposed Commencement Date 7-11-88

Proposed Well Depth 200, Diameter 6" test 10" possible if constructed
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other Test

Proposed Well Location: County Malheur
Township 18 (N of S) Range 47 (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. Lat. 43° 59 min. N. Long. 117° 1 min W.
(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 [Signature]
Owner's Signature

Title

Date

x [Signature]
Bonded Water Well Constructor
License No. 682
Company Dallas 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.

7-18-88 L.P. (received From Salem office)