

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

*Math 023*

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*WELL # 2*  
*14/5/88/20 dd*

**(1) OWNER:** Name JOHN MOLTAN Owner's Well Number: \_\_\_\_\_  
 Address BOY 23  
 City IRONSIDE State ORE Zip 97908

**(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 319 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 18'	Bennite	0 18'	14-SACKS
12"	18' 319'			

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	Steel	Plastic	Welded	Threaded
Casing: 12"	1'	173	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) 173

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method MECHANICAL  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
52	172'	5/16"	480			<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 \_\_\_\_\_

WELL-PUMP-TEST-HATCP 1 hr

Temperature of water 56 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 14 or S, Range 39 E or WM.  
 Section 20 SE 1/4 SE 1/4  
 Tax Lot 3400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) SAME

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

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

Material	From	To	WB?	SWL
Top-Soil	0	4		
CLAY-GRAY-DARK	4	18		
GRAVEL-MD	18	23		
CLAY-LT-BR	23	29		
CLAY-LT-BR-FINE GRAV	29	53		
CLAY-LT-BR w/ GRAVEL	53	82	WB	40
CLAY-LT-BR	82	92	WB	40
CLAY-FINE GRAVEL	92	95	WB	40
GRAVEL-FINE	95	100	WB	40
GRAVEL-FINE + some 2 1/2"	100	137		
CLAY-GRAY TO-BP	137	167		
GRAVEL	167	169		
GRAVEL	169	172		
CLAY-LT-TAN	172	233		
CLAY-LT-BR-STICKY	233	253		
CLAY-LT-BR-STICKY	253	283		
GRAVEL-MD	283	285		
CLAY-LT-BR & GRAVEL	285	314		
GRAVEL-MD	314	319		

Date started 10-15-88 Completed 11-3-88

**(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 Schaffer Date 11-14-88

Company \_\_\_\_\_ Co. Job No. \_\_\_\_\_