

#9

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

MALHEUR
2575

APR - 1 1991

18S/46E/14C

WATER WELL ID # (START CARD) # 25126

(1) OWNER:
Name Lee & Leo Monce
Address 790-Railroad Ave.
City Ontario State Ore. Zip 97914

Well Number: _____

(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	
20	0	19	Cement	0	19	21sacks
16	19	90				

How was seal placed: Method A B C D E
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:	16	+1	43	.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) 43

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	43	1/2x12	126	16		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
415 42 _____ 4hrs.
Temperature of water 52 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 46 E E or W, WM.
Section 14 SW 1/4 SW 1/4
Tax Lot 5800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 790-Railroad Ave.
Ontario, Oregon 97914

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 2-24-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
18	41	415	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	19	
Gravel & Sand	19	41	
Sandstone	41	47	
Brown Clay	47	49	
Blue Sandstone	49	73	
Blue Clay	73	75	
Blue Gray Sand	75	78	
Blue Clay	78	90	

Date started 2/16/91 Completed 2/24/91

(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 Winfield Page WWC Number 564 Date 2/26/91