

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

MALH 2587
 Malh 2587

16S/43E/11C
 22418

(START CARD) # 22418

(1) OWNER:
 Name Warner Moady
 Address 5234 Hill Rd.
 City Udale State OR Zip 97918

Well Number: 22418

(9) LOCATION OF WELL by legal description:
 County Malheur Latitude _____ Longitude _____
 Township 16 S N or S. Range 43 E E or W. WM' _____
 Section 11 SE ¼ SW ¼ _____
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 5234 Hill Rd

(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 60 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
<u>20</u>	<u>0</u> <u>24</u>	<u>Cement Grout</u>	<u>0</u> <u>20</u>	<u>163</u>
<u>16</u>	<u>0</u> <u>60</u>			

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 33 ft. Size of gravel 1 1/2

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					16	11	34	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoets) 34

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>24</u>	<u>33</u>	<u>6"</u>	<u>225</u>	<u>1/4</u>	<u>16"</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 500 Drawdown 17 ft Drill stem at 47 ft Time 4 hrs

Temperature of water 60° 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: _____

(10) STATIC WATER LEVEL:
6 1/2 ft. below land surface. Date 4-17-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 24

From	To	Estimated Flow Rate	SWL
<u>24</u>	<u>33</u>	<u>500 gpm</u>	<u>6 1/2</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>topsoil</u>	<u>0</u>	<u>5</u>	
<u>Brown clay</u>	<u>5</u>	<u>24</u>	
<u>large gravel</u>	<u>24</u>	<u>33</u>	<u>6 1/2</u>
<u>Blue clay</u>	<u>33</u>	<u>60</u>	<u>6 1/2</u>

RECEIVED

APR 26 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 4-15-91 Completed 4-17-91

(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 Jan M Zifo WWC Number 1485
 Date 4-18-91