

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

Math
026

Math 026
 well # 145/398/21 ad

(1) **OWNER:** Owner's Well Number: _____
 Name JOHN MOLTAN
 Address P.O. Box 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 374 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0	18' Bentonite	0	13-SACKS
12"	8'		374	

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:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	+1'	236	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) 236'

(7) **PERFORATIONS/SCREENS:**

Perforations Method MECHANICAL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30'	230	5/16"	2	510		<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 _____
Will test later 1 hr

Temperature of water 66 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 21 SE 1/4 SW 1/4
 Tax Lot 3400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date 9-20-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WELL LOG:** Ground elevation _____

Material	From	To	WB?	SWL
Top-Soil	0	4		
CLAY-DARK GRAY	4	24		
CLAY-LT. BR	24	31		
GRAVEL-MD	31	54	WB	28
GRAVEL-MD	54	66	WB	28
CLAY-LT. BR	66	68		
GRAVEL	68	92	WB	28
CLAY-LT. GRAY	92	96		
GRAVEL	96	133	WB	28
CLAY-LT. BR & GRAY	133	176		
GRAVEL	176	183	WB	28
CLAY-LT. BR	183	199	WB	28
GRAVEL-MD-TO-2"	199	206	WB	28
CLAY-LT-TO-DARK-BR	206	220		
GRAVEL-MD	220	223	WB	28
CLAY-LT. BR & GRAVEL-MIX	223	230	WB	28
GRAVEL-MD	230	235	WB	28
CLAY-LT. BR-TO-DARK-B	235	260		
CLAY-GRAY-TO-BR	260	285		
CLAY-GRAY	285	295		
CLAY-BR	295	345		
CLAY-BR-TO-GRAY	345	367		
CLAY-LT. BR-W/PEA-GRA	367	374	WB	28

Date started 9-15-88 Completed 10-15-88

(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 Fang Schaffer Date 11-12-88

Company _____ Co. Job No. _____