

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

RECEIVED
 JUN 28 1991

175/44E/16 db
 29806

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: **Robert L. Marcom**
 Name: **Robert L. Marcom**
 Address: **425 N. Park Blvd**
 City: **Ontario** State: **OR** Zip: **97914**
 Well Number: **29806**

(9) LOCATION OF WELL by legal description:
 County: **Malheur** Latitude: _____ Longitude: _____
 Township: **174 N** or S. Range: **447 E** E or W. W.M.: _____
 Section: **6** $\frac{1}{4}$ **SE** $\frac{1}{4}$ **SE** $\frac{1}{4}$
 Tax Lot: **1500** Lot: _____ Block: _____ Subdivision: _____
 Street Address of Well (nearest address): **9th Ave Westvale, OR**

(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 **47** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
16"	0	47	Cement	21
12"	1	47	Grout	

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **47** ft. to **18** ft. Size of gravel **1 1/2**

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					✓				✓			
Casing:	12	1	47	260	✓				✓			
Liner:												

Final location of shoets) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18	31	6	190	1/4	12"	✓	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min: **225** Drawdown: **11 ft** Drill stem at: **40 ft** Time: **4 hrs**

Temperature of water: **58°** 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:
 _____ ft. below land surface. Date: **6-1-91**
 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	31	225 gpm	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
topsoil	0	3	
hard pan	3	6	
Brown clay	6	18	
sand & gravel	18	31	12
Blue clay	31	47	12

Date started: **5-25-91** Completed: **6-1-91**

(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: **Jon M. Fife** WWC Number: **1485**
 Date: **6-25-91**