

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

SEP 16 1991
 WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 30000

18S/46E-25ad

(1) OWNER: Mable, Mr & Mrs Wesley Richmond Well Number: _____
 Name Mable, Mr & Mrs Wesley Richmond
 Address 3809-Clark Blvd.
 City Ontario Sta Ore. 97914

(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 Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	18	Bentonite	0	18	12
12	18	60				

How was seal placed: Method A B C D E
 Other _____
 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	50	.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 shoets: 50

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35	50	1/10	180	12		<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
80	-0-		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 18S N or S, Range 46E E or W, WM.
 Section 252 SE 1/4 NE 1/4
 Tax Lot 4701 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3809-Clark Blvd.
Ontario, Oregon 97914

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 8-25-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 36

From	To	Estimated Flow Rate	SWL
36	60	80	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	7	
Brn. Clay	7	24	
Soft Sandstone	24	30	
Coarse Sand	30	36	
Sand & Peagravel	36	40	
Sand & 3" gravel	40	47	
Sandstone (coarse)	47	55	
Sandstone	55	60	

Date started 8-20-91 Completed 8-25-91

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 564
 Signed Winfield L. Page Date 8-25-91