

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

MALH
 2742

16S/43E/10da
 38877

(START CARD) # 38877

(1) OWNER: Well Number 38877
 Name Robert D. Maag
 Address 5244 Hill Rd
 City Vale State OR Zip 97918

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	pounds
20	0 18	Cement	0 18	30	
16	0 50	grout			

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 25 ft. Size of gravel 1 1/2

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	11	33	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) 33 ft

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18	30	6"	180	1/2"	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 525 Drawdown 16 ft Drill stem at 32 ft Time 4 hrs

Temperature of Water 54° 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 16 S or S. Range 43 E E or W. W.M.
 Section 10 NE 1/4 SE 1/4
 Tax Lot 1100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) HILL RD

(10) STATIC WATER LEVEL:
11 1/2 ft. below land surface. Date 4-22-92
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
18	30	525	11 1/2

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
topsoil	0	4	
gumbo mud	4	8	
brown clay	8	18	
large gravel	18	30	11 1/2
blue clay	30	50	

Date started 4-21-92 Completed 4-22-92

(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 1485
 Signed Jon M. Fife Date 5-18-92