

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

MALH
2748

MAY 23 1992

(START CARD) #

18S/46E/8cc
 23461

(1) OWNER: Well Number: _____
 Name Gressley Farms
 Address 552 Hwy 20-26
 City Ontario State Or. Zip 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 87 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	45	Bentonite	0	20	1500
12	45	58				
10	58	82				

How was seal placed: Method A B C D E
 Other Bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 58 ft. Size of gravel 3/8 minus

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	10	2	58	.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 shoes: 58

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
42	57	3/16x5	1000	10		<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
300	72	80	1 hr.
			5

 Temperature of water 59 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 46 E E or W. WM.
 Section 8 SW 1/4 SW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Freeze Lane

(10) STATIC WATER LEVEL:
28 1/2 ft. below land surface. Date 5-11-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38

From	To	Estimated Flow Rate	SWL
38	56	300	28 1/2

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Silty Clay	0	36	
Sand (fine)	36	38	
Sand and Gravel	38	54	28 1/2
Blue Clay	54	82	

Date started 5-11-92 Completed 5-11-92

(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.
 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 [Signature] WWC Number 682
 Date 5-19-92