

9

MALH 2749

MAY 22 1992

18S/46E/Fac  
23463

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

(START CARD) #

(1) OWNER: Well Number: \_\_\_\_\_  
Name Sagie Nishihara  
Address 1175 Hillcrest Drive  
City Vale State Oregon 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 107 ft.  
Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18	0	20	Bentonite	0	20	1100
18	0	72	3/8 minus gravel	20	78	5 yards
12	72	80				
8	80	107				

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 78 ft. Size of gravel 3/8 minus

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded		
Casing	12	1	80	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 80

(7) PERFORATIONS/SCREENS:

Perforations Method torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68	78	3/16x5	800	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
Air	325		100	8 1 hr.
Pump	325	73	95	4 hrs.

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 18n N or S. Range 46 W E or W. WM.  
Section 7 SW 1/4 NE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Same as above

(10) STATIC WATER LEVEL:  
148 ft. below land surface. Date 5-5-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 67

From	To	Estimated Flow Rate	SWL
67	78	325	45

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown Silty Clay	0	60	
Brown Silt	60	69	4.8
Sand and Gravel	67	69	4.8
Fine Brown Sand	69	71	4.8
Sand and Gravel	71	78	4.8
Blue Clay	78	107	4.8

Date started 5-1-92 Completed 5-5-92

(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