

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

MALH  
2760

JUL 10 1992

20s/46e/196d

(START CARD) # 38899

(1) OWNER: Well Number 38899  
Name Strickland Farms Inc.  
Address 1163 Klamath Ave  
City Nyssa State OR Zip 97913

(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 450 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16	0 158	Cement	0 160	240
16	0 158	grout		
12	41 450			

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:

Casing/Liner	Diameter	From To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing	12	42 158	1260	<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) 158 ft

(7) PERFORATIONS/SCREENS:  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	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"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 660 gpm Drawdown 136 ft Drill stem at 195 ft Time 4 hrs

Temperature of Water 72° 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 20 S or S. Range 46 E E or W. WM. \_\_\_\_\_  
Section 19 SE  $\frac{1}{4}$  NW  $\frac{1}{4}$   
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Norwood Drive

(10) STATIC WATER LEVEL:  
59 ft. below land surface. Date 6-5-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 125 ft

From	To	Estimated Flow Rate	SWL
125	130	30 gpm	64
278	280	200 gpm	59
419	450	460 gpm	59

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

Material	From	To	SWL
Sandy soil	0	6	
Hardpan	6	9	
Brown sandy clay	9	15	
Sand and gravel	15	59	
Brown clay	59	70	
Sand	70	75	
Brown clay	75	80	
Sand	80	82	
Brown clay	82	125	
Brown sandy clay & gravel	125	130	64 ft
Blue Brown clay	130	152	
Blue clay	152	278	
Sandy Blue clay & per gravel	278	280	59 ft
Sandy Blue clay	280	330	
Blue clay	330	419	
Sandy Blue clay & Per gravel	419	450	
Case back to 430			

Date started 5-20-92 Completed 6-6-92

(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 \_\_\_\_\_