

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

MALH
2768

195/46E/27
 37561

(START CARD) #

(1) OWNER: Well Number 37561
 Name John Ward
 Address 890 Alberta Ave
 City Ausonia State Ore 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 336 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds		
Diameter	From To	Material	From To			
16	0	20	Benlomite	0	20	3600

How was seal placed: Method A B C D E
 Other Dry Annulus Dry Seal
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From To	Gauge	Material				Welded	Threaded
			Steel	Plastic	Welded	Threaded		
Casing: 12	+1	10.20	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	

(7) PERFORATIONS/SCREENS: NO
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 600 Drawdown _____ Drill stem at 300 Time 1 hr.

Temperature of Water 58 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 19 N or S 46 E or W. WM.
 Section 27 SE 1/4 SE 1/4
 Tax Lot 450 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 890 Alberta Ave

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date June 8, 92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 195

From	To	Estimated Flow Rate	SWL
195	206	60	70
215	225	120	70
240	252	420	70

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Topsoil	0	5	0
Cemented gravel & clay	5	9	
Cemented sand	9	45	
Brown Clay	45	68	
Hard cemented gravel	68	82	
Brown Clay	82	170	
Blue Clay	170	178	
Brown Sandstone	178	185	
Fractured Brown Sandstone	185	206	
Brown Sandstone	206	215	
Fractured Sandstone	215	225	
Brown Sandstone	225	240	
Brown Fractured Sandstone	240	252	
Blue Clay	252	336	

Date started June 2, 92 Completed June 8, 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 [Signature] WWC Number 779
 Date June 10, 92

(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 779
 Date June 10, 92