

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

MALH
2782

MAY - 4 1992

18s/46e/8cc

WATER RESOURCES DEPT. (START CARD) # 19018

(1) **OWNER:** Well Number: SALEM
 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 70' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 18'	Bentonite	0 18'	11 sacks	
12"	0 70'				

How was seal placed: Method A B C D E
 Other Rule # 690-210-340 Section 3
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+ 1'	52'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"			.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 12" at 52' 10" liner at 57'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
28'	52'	3/16x6	408	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
37'	57'	1/8x6	250	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 90 Drawdown 35 Drill stem at _____ Time 4 1/2 hr.

Temperature of water 56' 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 18 N or S, Range 46 E or W, WM.
 Section 8 SW 1/4 SW 1/4
 Tax Lot 2700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 4010 Greese Ln.
Uale, Or. 97918

(10) **STATIC WATER LEVEL:**
30' ft. below land surface. Date 3-15-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 40

From	To	Estimated Flow Rate	SWL
40	45	50	37
50	57	150	30

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Sandy topsoil	0	8	
Hard light brown clay	8	22	
Fine sandy clay	22	28	
Sticky brown clay	28	39	
Cemented gravel	39	40	
Gravel & sand w/b	40	45	37
Brown gravelly clay	45	48	
Red Hard blue shale	48	50	
Brown sand w/b	50	57	30
Blue clay	57	60	
Fine blue sandstone	60	68	
Blue clay	68	70	

RECEIVED

OCT 20 1992

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 3-1-92 Completed 4-1-92

(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 1349
 Signed Archibald Page Date 4-29-92