

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

MALH
2795

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AUG 20 1992

20s/46ef/3dd

(START CARD) # 18587

(1) OWNER: Well Number 18587
 Name Doug Pheley
 Address 2857 Heritage Drive
 City Nyssa State OR Zip 97413

(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 110 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | SEAL | | Amount sacks or pounds |
|----------|---------|----------|---------|---------------------------|
| Diameter | From To | Material | From To | |
| 16 | 0 18 | Cement | 0 18 | 1400 LBS |
| 12 | 18 110 | | | |

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:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|------------|------|----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 12 | 21 | 39 | 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 shoe(s) 29.8

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 19 | 38 | 3/16 | 900 | | | <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 |
|---------------|----------|---------------|-------|
| 100 | 40' | 30 | 1 hr. |

Temperature of Water 38° 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 N. or S. Range 46 E. or W. WM. 3
 Section 3 SE 1/4 SE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Heritage Drive

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 7-21-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19'

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| 19 | 38 | 700 | 9 |

(12) WELL LOG:
 Ground elevation _____

| Material | From | To | SWL |
|------------|------|-----|-----|
| Top Soil | 0 | 4 | — |
| Clay Brown | 4 | 19 | — |
| Gravel | 19 | 38 | 9' |
| Sandstone | 38 | 96 | — |
| Blue Clay | 96 | 110 | — |

Date started 7-21-92 Completed 7-25-92

(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 D. Pheley WWC Number 1550
 Date 8-6-92

(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 _____
 Date 9-10-92