

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

MACH
2824

18S/46E/186

(START CARD) # **23485**

(1) OWNER: Well Number: _____
 Name **Tak Kiyahara (Bros. Inc)**
 Address **1441 Foothill Drive Vale**
 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 **70** ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL		Amount sacks or pounds	
Diameter	From	To	Material	From		To
16"	0	49	Bentonite	0	20	1150
10"	49	70				

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 **49** ft. Size of gravel **3/8 minus**

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10"	2	52		<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) **52**

(7) PERFORATIONS/SCREENS:

Perforations Method **Torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	50	1/4x5	1500	10		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

air pump	Yield gal/min	Drawdown	Drill stem at	Time
	300+		70	1 hr.
	355	5'		4hrs

Temperature of water **61** 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 **18S** N or S Range **46E** E or W. WM. _____
 Section **18** **N1/2** **1/4** **NW** **1/4**
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Same

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date **6-29-92**
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
36	49	300+	29

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Sticky Clay	0	34	
Brown Sand	34	36	
Sand and Gravel	36	49	29
Blue Clay	49	70	

SEP 16 1992
 WATER RESOURCES DEPT. T.
 S. OREGON

Date started **6-26-92** Completed **7-13-92**

(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 **682**
 Signed **[Signature]** Date **8/29/92**