

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

MALH
2825

RECEIVED
 JAN 27 1993

175/47E/2ac
 (START CARD) # 23490

(1) OWNER: Well Number: _____
 Name Jim Weber
 Address Rt. 1 Box 85 A
 City Richland State Ore. Zip 97879

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16	0	50	Cement	0	50	29801bs
10	50	215				

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: 10	1	60		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	+1	165	sdr20 class 160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	165	1/16"	5000	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
150	61'		4hrs 1hr.
200		215	3hrs

pump air

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 17S Nor S. Range 47E E or W. WM. _____
 Section 2 SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
4776 Pioneer Rd. Ontario Or. 97914

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 8-12-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
25	30	30	13
88	200	200	13

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Clay	0	25	
Cemented Gravel	25	30	13
Blue Clay	30	88	
Blue Sandstone	88	200	13
Blue Clay	200	215	

SEP 17 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7-20-92 Completed 8-12-92

(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 682
 Date 8/14/92

(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 12-30-92