

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

MAHUT
2836

20s/46e/20odd

(1) **OWNER:**
 Name H. Okano - Okano Farms Inc.
 Address 2580 Northwood Dr
 City Nyssa State Ore Zip 97133

Well Number 37566

(9) **LOCATION OF WELL by legal description:**

County Malheur Latitude _____ Longitude _____
 Township 20 N. Range 46 E. or W, WM.
 Section 20 SE 1/4 SE 1/4
 Tax Lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Little Blvd
Nyssa Oregon

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
16	0 to 1	grout	61 to 0	140
12	61 to 300			

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
12	12	77	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS: NONE**
 Perforations Method _____
 Screens Type _____ Material _____

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

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailor Air Flowing Artesian
 Yield gal/min 3500 gpm Drawdown 70 gpm Drill stem at 280 Time 1 hr.
70 gpm Flow

Temperature of water 74° Depth Artesian Flow Found 277
 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 NO OTHER
 Depth of strata: Water

(10) **STATIC WATER LEVEL:**
 _____ ft. below land surface. Date 8-4-92
 Artesian pressure 64 lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 279

From	To	Estimated Flow Rate	SWL
279	300	70 gpm	0 Flow
			Air

NOV 12 1992

(12) **WELL LOG:**

Ground elevation _____
 WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
Topsoil	0	12	0
gravel - hardpan	12	16	0
Basin Clay	16	48	0
Blue Clay	48	50	0
Blue sandstone	50	280	0
Per gravel conglomerate	280	300	Flow
Layered - voids, loose			149
gravel - water!	280	300	

App water from 280 to 300 ft in layers of per gravel conglomerate and loose gravel up to 300 in blue sandstone layers

OCT - 9 1992

WATER RESOURCES DEPT. SALEM, OREGON

Date started July 20 92 Completed Aug 4-92

(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 789
 Date Aug 15 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 789
 Date Aug 15-92