

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

MALH
2845

(START CARD) # 45387

20s/46e/23aa

(1) OWNER: Well Number: _____
 Name Bill Morrison
 Address 101 N 5th St
 City Nyssa State OR Zip 97913

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0 24	Bentonite	0 24	900 #
6"	24 240			

How was seal placed: Method A B C D E
 Other 690-210-340 (1)
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel Plastic Welded Threaded			
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing:	6"	+1	79	.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) 79'

(7) PERFORATIONS/SCREENS:
 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 Bailer Air Flowing Artesian
 Yield gal/min 5 gpm Drawdown _____ Drill stem at 220 Time 1 hr.

Temperature of water 72 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.
 Section 23 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Ivanhoe & Hwy 201

(10) STATIC WATER LEVEL:
62 ft. below land surface. Date 9/25/92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80	100	2 gpm	62
100	240	5 gpm	62

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	20	-
Gravel	20	22	-
Claystone	22	30	-
Brown sand	30	45	-
Clay	45	47	-
Brown sand	47	54	-
Sandstone	54	60	-
Brown clay	60	65	62
Brown shale	65	66	"
Blue clay	66	75	"
Blue clay	75	80	"
Blue claystone	80	240	"

RECEIVED
OCT 23 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9/25/92 Completed 9/25/92

(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 [Signature] WWC Number 1510
 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.
 Signed [Signature] WWC Number 1506
 Date _____