

DEC - 4 1992

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STATE OF OREGON

WATER WELL REPORT WATER RESOURCES DEPT
(as required by ORS 537.765) SALEM, OREGON

(START CARD) # 33434

(1) OWNER: Well Number: 2
Name Rex Maag
Address 2423 12 th. Ave. E.
City Vale State Or. 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 240 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
20	0 19	Port.cement	9 19	22sacks
		Bentonite	0 9	4 sacks
16	19 240			

How was seal placed: Method A B C D E
 Other Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 19 ft. to 236 ft. Size of gravel 1/4

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	+1	19	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12	0	236	.203	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoetsl _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	236	1/8x4	784	12		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 550 Drawdown 190 Drill stem at _____ Time 19 hr.

Temperature of water 62 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 17 S. N. or S. Range 44 E. E or W. WM.
Section 15 S.W. 1/4 S.E. 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 4512 John Day Hwy
Vale Or. 97918

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 11-9-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30ft.

From	To	Estimated Flow Rate	SWL
30	230	550	10

(Thin layers not detected in the drilling process)

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	6	
Brn. clay	6	12	
Brn. clay brn. blk. gravel (med)	12	30	
Brn. blk. gravel (med.) brn. sand (med)	30	45	10
Brn. blk. gravel (fine) brn. clay	45	103	10
Blue clay blk. sand (fine)	103	230	10
Blue clay	230	240	10

Date started 11-2-92 Completed 11-15-92

(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 1308
Signed Herbert A. Bowman Date 12-3-92