

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

MAINT
2872

FEB 22 1993
 WATER RESOURCES DEPT.
 SALEM, OREGON

203/46e/27bc
 (START CARD) # 18552

(1) OWNER: Well Number 18552
 Name Olson Farms
 Address 291 Highway 201E
 City MISSA State OR Zip 97113

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

HOLE		SEAL		Amount
Diameter	From	To	Material	sacks or pounds
10	0	40	benonite	1700/115
12	40	95		

How was seal placed: Method A B C D E
 Other OLSON TO TOP OF SAVED PLY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 18 ft. to 45 ft. Size of gravel 1/4 minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	1	78	20	<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) 178.6"
 (7) PERFORATIONS/SCREENS:
 Perforations Method MILLED
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
53	73	1/4	9100			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
700	55'	75	1 hr.

Pump Bailor Air Flowing Artesian

Temperature of Water 58 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 27 SW 1/4 NW 1/4
 Tax Lot 5000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Dafferson Rd

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 6-20
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 53

From	To	Estimated Flow Rate	SWL
53	73	700	19'

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top Soil	0	4	—
Clay Brown (Silt)	4	52	—
Gravel	52	73	19'
Clay Brown	73	95	—

Date started 6-12-92 Completed 6-19-92
 (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 Leont Anuly WWC Number 789
 Date 6-22-92

(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 Frank Dehus WWC Number 1581
 Date 6-22-92