

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

MALH
2926

RECEIVED
SEP - 7 1993
 WATER RESOURCES DEPT. (START CARD) # **47681**

16S/43E/76

(1) OWNER: Well Number: _____
 Name **Gum Creek Farms Inc.**
 Address **5070 S. Rd. K**
 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 **360** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
20	0	19	Bentonite	0	19	22 sacks
16	19	358				

How was seal placed: Method A B C D E
 Other **Dry**
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **0** ft. to **358** ft. Size of gravel **1/4**

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12	0	358	.203	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	350	1/8x1/4	700	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 **400** Drawdown **85** Drill stem at **8 hrs.** Time **1 hr.**

Temperature of water **64*** 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 **no**
 Depth of strata: **80**

(9) LOCATION OF WELL by legal description:
 County **Malheur** Latitude _____ Longitude _____
 Township **16 S.** N or S. Range **43 E.** E or W. WM. _____
 Section **7** N.W. 1/4 N.W. 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **14 th. ave. W. Jamieson Or. 97909**

(10) STATIC WATER LEVEL:
215 ft. below land surface. Date **7-15-93**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **285**

From	To	Estimated Flow Rate	SWL
285	360	500 g.p.m.	215

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	4	
Brn. clay	4	7	
Brn. clay brn. gravel (large)	7	12	
Brn. clay	12	285	
Brn. clay brn. sand (fine)	285	340	215
Brn. sand (med)	340	360	215

Date started **6-20-93** Completed **8-10-93**

(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 H. Bowman** Date **9-3-93**