

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

MALH
3061

OCT - 7 1994

23S/37E/27W
 34424

WATER RESOURCES DEPARTMENT (START CARD) #
 SALEM, OREGON

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number 4

Name Wayne Blaylock
 Address 6285 Reservoir Rd
 City Riverside State Or. Zip 97917

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other Stock

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 120 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
14	0	60	Cement	0	60	1134
8	60	120				

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
Casing: 8	1	60	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) 60

(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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		120	2hr 1 hr.

Temperature of water 61 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 23S N or S Range 37W E or W. WM. _____
 Section 27 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

Same as Mailing

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 2-21-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 0

From	To	Estimated Flow Rate	SWL
70	120	20	22

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown Clay and Bolders	0	7	
Brown Clay	7	30	
Blue Clay	30	50	
Broken Rock	50	120	22

DEC 28 1994

WATER RESOURCES DEPARTMENT
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Date started 2-21-94 Completed 3-3-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [Signature] WWC Number 682
 Date 7-28-94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number _____
 Date _____