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W-1704R

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

MALH
50414

DEC - 9 1996

(START CARD) #

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

(1) OWNER: Well Number L06224
 Name Gum Creek Farms Ink.
 Address 5070 S. Rd. K
 City Vale State Or. Zip 97918

(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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	19	Bentonite	0	19	38 sacks
16	19	310				

How was seal placed: Method A B C D E
 Other Dry
 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: 16	+1	19	318	<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) 19 ft.

(7) PERFORATIONS/SCREENS:

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
800	70 ft.		1 hr.
			12 hr.

Temperature of water 78° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

SALEM, OREGON
 (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 S.W. 1/4 N.W. 1/4
 Tax Lot 900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 14 th. Ave.

(10) STATIC WATER LEVEL:
140 ft. below land surface. Date 10-30-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 140 ft.

From	To	Estimated Flow Rate	SWL
250	310	1000 g.p.m.	108

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Soil	0	6	
Brn. clay	6	140	
Blue clay	140	250	108
Blue clay-blue sand(fine)	250	310	108

Date started 10-28-96 Completed 11-19-96

(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 _____ WWC Number _____
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed Herbert H. Bowman WWC Number 1308
 Date 12-3-96