

MALH 50556

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WELL I.D.#

JUL 23 1997

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

(START CARD) # 94841

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

WATER RESOURCES DEPT.

(1) OWNER: Well Number LO3270
Name Clearwater Concrete, Inc
Address 518 Ontario Heights Rd
City Ontario State OR Zip 97914

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

HOLE		SEAL		
Diameter	From To	Material	From To	Sacks or pounds
16	0 54	Bentonite	0 50	48
10	0 195			

How was seal placed: Method A B C D E
 Other Dry from Surface
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: 10	+2	55	2.75	<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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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 20 Drawdown 140 ft Drill stem at _____ Time 2 hrs

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 _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Malheur Latitude _____ Longitude _____
Township 17 S N or S Range 47 E E or W. WM.
Section 19 NW 1/4 SE 1/4
Tax Lot 901 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 518 Ontario Heights Rd.

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 6-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	190	200 gpm	30

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand	0	5	
Brn clay	5	34	
Blue clay	34	55	
Hard white clay	55	57	
Blue clay	57	160	
Sandy blue clay	160	190	30
Blue clay	190	195	

Date started 6-14-97 Completed 6-23-97

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1485
Signed Jon M Fife Date 7-21-97