

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

SEP 20 1999

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.#
224177

(START CARD) # 91934

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

(1) OWNER:

Name E.C. Elkins Well Number 224177
Address 1171 W. Main St. S.
City Ure State Ore Zip 97198

(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 44 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	20	Bentonite	0	20	16 Sacks
6"	20	44				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured and Tamped

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: 6"	+1	44	250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torched
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
38	44	8x6	35	6"		☒	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min 25 gpm Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 54° 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 18 S N or S Range 45 E E or W. WM. _____
Section 19 SE 1/4 NE 1/4 _____
Tax Lot 1103 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) No address yet

(10) STATIC WATER LEVEL:

15 ft. below land surface. Date 6-30-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38'

From	To	Estimated Flow Rate	SWL
38'	43	25 gpm	15

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	5	
SANDY Brown Clay	5	18	
Brown Sticky Clay	18	38	15
SANDY gravel	38	44	

RECEIVED
NOV 26 1999
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-25-99 Completed 6-30-99

(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 1470

Signed Dennis Page Date 8-1-99