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51523

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

WELL I.D. # L 42112
START CARD # W113192

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

(1) OWNER: Well Number 42112
Name City of Vale
Address 252 B Street W
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 Hydrogeologic

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 35 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	35	Bentonite	0	13.5	800 #
			Silica Sand	13.5	35	900 #

How was seal placed: Method A B C D E
 Other overbore/poured
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
8"	12	13.5	322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8"	23.5	35	322	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type hpacka Material SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
13.5	23.5	.040		8"	pipe	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100		24	1 hr.

Temperature of water _____ 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 Mahur Latitude _____ Longitude _____
Township 18 N or S Range 45 E or W. WM.
Section 31 SW 1/4 NE 1/4
Tax Lot 7100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3800 Airport Rd
Vale, Oregon 97918

(10) STATIC WATER LEVEL:
7.5 ft. below land surface. Date 6-23-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 13'

From	To	Estimated Flow Rate	SWL
13	23	100	7 1/2'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay silt	0	10	
Clay silt	10	13	
Gravel & dark color sand	13	23	7 1/2'
Blue clay	23	35	

Date started 6-23-00 Completed 6-23-00

(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 _____
Date _____
Signed _____

(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 1714
Signed Dave Adamson Date 7-10-00



Oregon

John A. Kitzhaber, M.D., Governor

MALH 51523

Water Resources Department

Commerce Building
158 12th Street NE
Salem, OR 97301-4172
(503) 378-3739
FAX (503) 378-8130

This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review of this order must be filed within the time specified by ORS 183.484 (2).

July 19, 2000

Dave Adamson
Adamson Pump and Drilling
1320 Smith Ave.
Nampa, ID 83651

Dear Dave:

Please find enclosed copies of the following approved special standards:

1. City of Vale (start card numbers 113190, 113191, and 113192)

If you have any questions concerning this letter, please contact me at the address or phone number listed above, or by e-mail at michael.l.mccord@wrд.state.or.us.

Sincerely,

Michael L. McCord
Well Construction Specialist

c: Ron Jacobs, Dist. 9 Watermaster
Eastern Region Well Inspector



FINAL ORDER
Oregon Water Resources Department

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Carrie Jones

Date of request: 6-31-00 Oral approval date (if applicable): 6-31-00

Bonded Well Constructor (name, license #, and mailing address): Adamsen

1320 Smith Ave
Pump & Drilling # 1714 Nampa, Id 83651 208-466-6439

(1) Location of Well: SW 1/4 NE 1/4 of Section 31,
Township 18 N(S) Range 45 E/W, Malheur County.

Address at well site: 3800 Airport Rd
Vale, Oregon

(2) Start Card Number(s): W113190, L23044

(3) Name and Address of Land Owner: City of Vale
252 B. Street W. Vale, Oregon 97918

(4) Distance to the nearest well, septic tank or drainfield (if water supply well): _____

(5) The unusual conditions which necessitate this request: Requested well seal
shorten to 12' instead of 18' due to water supply
& depth of screen

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

RECEIVED

JUL 17 2000

WATER RESOURCES DEPT.
SALEM, OREGON

W-55

- (7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):

RECEIVED

JUL 17 2000

WATER RESOURCES DEPT.
SALEM, OREGON

PLEASE NOTE:

- (1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If oral approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of oral approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: Dave Adamson

*Baker City
Toned to
9/20/00*

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

Remarks: _____

FINAL ORDER
Oregon Water Resources Department

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Carrie Jones

Date of request: 6-22-00 Oral approval date (if applicable): 6-22-00

Bonded Well Constructor (name, license #, and mailing address): Adamson Pump &
1320 Smith Ave
Drilling 1714 Nampa, ID 83651

(1) Location of Well: SW 1/4 NE 1/4 of Section 31
Township 18 N/S Range 45 E/W Malheur County
Address at well site: 3800 Airport Rd
Vale, Oregon

(2) Start Card Number(s): W 113192 L 42112

(3) Name and Address of Land Owner: City of Vale 252 B Street
W. Vale, Oregon 97918

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I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: Dave Edmonson

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

Remarks: _____

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Oregon Water Resources Department

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Drilling # 1714 Nampa, Id 83651

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Address at well site: 3800 Airport Rd
Vale, Oregon

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(3) Name and Address of Land Owner: City of Vale 252 B
Street W Vale, Oregon 97918

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I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: *David Edanson*

For Water Resources Department Use Only

Date: _____

Approved by: _____ Denied by: _____

Remarks: _____