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STATE OF OREGON

APR 09 2003

WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # LS1605
START CARD # 129283

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

(1) LAND OWNER Well Number #2
Name Rex Haag
Address 2423 1/2th Ave E
City Vale State OR Zip 97718

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
20	0	24	Concrete	0	26	1 bags	
14	24	310	-				

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: 16	22	24	375	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(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
300+	270	310	1 hr.

Temperature of water 61 Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? No 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 44 E E or W. WM.
Section 15 SW 1/4 NW 1/4
Tax Lot 2700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 4-4-03
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
190'	201	300+	40

(12) WELL LOG: WATER RESOURCES DEPT. SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	12	
Brown Clay	12	19	
Gravel	19	22	
Brown claystone	22	94	
Blue Clay w/ 6" seams of Gravel	94	190	
Vesicular Black + Brown Basalt	190	201	40
Blue Clay w/ 6" seams	201	237	
Blue Clay	237	307	40
Black Sand	307	310	40

Date started 4-1-03 Completed 4-4-03

(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 1521
Signed Donald D. Kess Date 4-4-03