MALH 52045

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

Malh 52045

(WELL I.D.)# L 65841
(START CARD) # 157535

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

(1) OWNER: Well Number
Name LAWRENCE WIREBARGER
Address 3639 ARABIAN DR
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 ____ ft.
Explosives used ☐ Yes ☑ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	300	BENTONITE	0	42	78

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other 690-210-0340
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:	12"	+1	44	14	☑	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
310	10'		1 hr.

Temperature of water 62° 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 N or (S) Range 46 (E) or W WM.
Section 32 SE 1/4 SE 1/4
Tax Lot 6200 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 3639 ARABIAN DR.
ONTARIO, OR 97914

(10) STATIC WATER LEVEL:
116 ft. below land surface. Date 6-11-03
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL
130'	250'		

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
TOP SOIL	0	4	
gravel	4	7	
SAND	7	30	
gravel	30	37	
BROWN CLAY-SAND STREAKS	37	250	
BLUE CLAY	250	300	

RECEIVED
AUG 01 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 5-28-03 Completed 6-9-03

(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 Alan Wirebarger Date 6-16-03

(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 ____
Signed ____ Date ____

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER