

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 53139  
START CARD # 145290

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

(1) LAND OWNER: Name Presbyterian Community Care Center Well Number \_\_\_\_\_  
Address 1085 W Oregon St.  
City Ontario State OR Zip 97914

(9) LOCATION OF WELL by legal description:  
County Malheur Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 18 N or S Range 47 E or W. WM.  
Section 3 SW 1/4 SW 1/4  
Tax Lot 800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 1085 W Oregon St.

(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 39 1/2  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	18	Bentonite	0	18	70 sacks	
8"	18	45					

How was seal placed: Method  A  B  C  D  E  
 Other Poured in  
Backfill placed from 0 ft. to 19 ft. Material Bentonite  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	11/2	38 1/2	250	<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) 38 1/2

(7) PERFORATIONS/SCREENS:  
 Perforations Method Air Perforator  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
26	38	1/4	144	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40	5	38	1 hr.

Temperature of water 58 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: \_\_\_\_\_

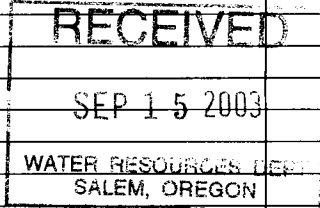
(10) STATIC WATER LEVEL:  
20 ft. below land surface. Date 9-4-03  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	40	40	20

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Brown Sandy Clay	0	20	⊖
Sand & Gravel	20	40	20'



Date started 9-4-03 Completed 9-4-03

(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.  
Signed \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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.  
Signed [Signature] Date 9-10-03 WWC Number 1697