

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 03440
START CARD # 152188

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

(1) LAND OWNER
Name Trenka Bros Corp. Well Number _____
Address 1010 Railroad Ave
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 95 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	To
12	0 75	Bentonite	18
8	75 95	Gravel	7 yds

How was seal placed: Method A B C D E
 Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material Red Gravel
Gravel placed from 18 ft. to 75 ft. Size of gravel 3/8 minus

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	1	80	.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) 80

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
71	80	7/16	5	3.50	8	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 250 Drawdown _____ Drill stem at _____ Time 4 hr.
air
pump 295 84' 4hr

Temperature of water 60° 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 7 SE 1/4 SE 1/4
Tax Lot 4100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Ray Rd

(10) STATIC WATER LEVEL:
63 ft. below land surface. Date 4-28-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
70	79	250	63

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Clay	0	58	
Sand	58	65	
Sand & Gravel	65	79	63
Brown Clay	79	81	
Blue Clay	81	95	

RECEIVED
OCT 29 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-24-03 Completed 4-28-03

(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 682
Signed [Signature] Date 5-15-03