

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

START CARD # 156132

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

(1) OWNER: Well Number: **L51919**

Name **Dennis Montgomery**

Address **664 Sugar 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 **85** ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	19	Cement	0	19	11 Sacks
6"	19	85				

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: 6"	+2	36'	.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) **36'**

(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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	40		1 hr.

Temperature of Water **56** Depth Artesian Flow found _____

Was a water analysis done? Yes No 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 **18S** N or S. Range **46E** E or W. of WM.

Section **1** NE 1/4 **SW** 1/4

Tax lot **700** Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) **Same**

(10) STATIC WATER LEVEL:

9 ft. below land surface. Date **6/24/2003**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

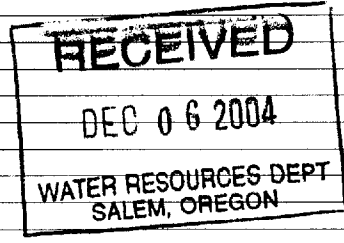
Depth at which water was first found **78**

From	To	Estimated Flow Rate	SWL
75'	81	30	9

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	3	
Brown Clay	3	16	
Gravel	16	25	
Blue Clay	25	75	
Broken Blue Sandstone w/b	75	81	9
Blue Clay	81	85	



Date started **6/23/2003** Completed **6/25/2003**

(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 **1349**

Signed *Archie Page* Date **6/28/2003**