

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 07417
START CARD # W-35100

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

(1) LAND OWNER Well Number _____
Name Treasurer Valley Community College
Address 650 College Blvd
City Ontario State OR Zip 97144

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16	0	18	50' Brought	0	18	900 lb	
10	18	40					

How was seal placed: Method A B C D E
 Other 5/8" AP installed AS Temporary casing removed
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: 10"	0	1 1/2	3/8	<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) 31 1/2

(7) PERFORATIONS/SCREENS:

Perforations Method Touch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18 1/2	28	2x4	132	10		<input checked="" 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
50	11		1 hr.

Temperature of water 54° 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 44° 00.916 Longitude 116° 45.183
Township 18 N or S Range 47 E or W. WM.
Section 9 1/4 SE 1/4 SE
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Source

(10) STATIC WATER LEVEL:
6' 10" ft. below land surface. Date 7-6-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 6' 10"

From	To	Estimated Flow Rate	SWL
7	21	50	6' 10"

(12) WELL LOG:
Ground Elevation 2158

Material	From	To	SWL
Pit Run gravel	0	1/2	
Soil silt loam	1/2	4	
Silt clay	4	7	
Sand & gravel	7	21	6' 10"
brown clay	21	26	
clay bluish	26	40	

RECEIVED

AUG 10 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-28-05 Completed 7-6-05

(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 1481
Signed Matthew S. Hart Date 7-17-05