MALH 52746

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 32650
START CARD # W 140485

(1) LAND OWNER Well Number _____
Name Shammy Johnson
Address 1809 Sand Hollow Rd
City Vale State OR Zip 97918

(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 229 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	50	Bentonite	0	50	24 Sacks
6"	50	195				
6"	195	229				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Overbore - Poured
Backfill placed from 0 ft. to 50 ft. Material Bentonite
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	1½'	58½	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½"	49	229	S40	☐	☒	☐	☒
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 58½'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Factory
☐ Screens Type Shur-Lock Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
189	229	.025	5000	4½"		☐	☒
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
30	50'	160'	2 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: _____

(9) LOCATION OF WELL by legal description:
County Malheur Latitude _____ Longitude _____
Township 19 N or (S) Range 44 (E) or W. WM.
Section 13 NE 1/4 NE 1/4
Tax Lot 3809 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1809 Sand Hollow Rd

(10) STATIC WATER LEVEL:
110 ft. below land surface. Date 8/4/05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 195'

From	To	Estimated Flow Rate	SWL
195	229	30 GPM	110

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Sandstone	0	39	
Cemented Gravel	39	40	
Brown Clay	40	45	
Blue Shale (10")	45	50	
Blue Shale (6")	50	195	
Black Sand Stone	195	229	110'

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AUG 12 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date started 08/25/05 Completed 08/05/05

(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 1697
Signed _____ Date 8-8-05

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER