

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 72898
START CARD # 167010

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

(1) LAND OWNER
Name Daron Arriola Well Number 72898
Address 2506 12th Ave E
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 125 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	26	Bentonite	0	26	45
10	26	125				

How was seal placed: Method A B C D E
 Other from surface

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	10	2	26	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) 26 ft

(7) PERFORATIONS/SCREENS:
 Perforations Method Ø
 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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	7 ft		1 hr.
			2 hrs

Temperature of water 61° 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 16 S N or S Range 43 E E or W. WM.
Section 24 SE 1/4 NE 1/4
Tax Lot 201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hill Rd Vale, OR 97918

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 8-5-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 75 ft

From	To	Estimated Flow Rate	SWL
75	110	80 gpm	65'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Br clay	0	20	
Blue clay	20	75	
Sand + Blue clay mix	75	110	65'
Blue clay	110	125	

Date started 7-30-05 Completed 8-5-05

(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 1485
Signed Jan M File Date 9-1-05