MALH 52862

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 83778

START CARD # 180032

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

(1) LAND OWNER Well Number _____
Name SKIP RATHBURN
Address PO BOX 1029
City ONTARIO, State OR. Zip 97914

(2) TYPE OF WORK ☑ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☑ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☐ No
Depth of Completed Well 84 ft.
Explosives used: ☐ Yes ☐ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	18	CEMENT	0	18	10 SACKS

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	28	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☑ Outside ☐ None
Final location of shoe(s) 28

(7) PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
10	35		

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 (legal description)
County MALHEUR
Tax Lot 6200 Lot _____
Township 17 S Range 47 E WM
Section 21 SW 1/4 SW 1/4
Lat ____° ____' ____" or _____.____ (degrees or decimal)
Long ____° ____' ____" or _____.____ (degrees or decimal)
Street Address of Well (or nearest address) _____
4441 CASA RIO DR. ONTARIO, OR. 97914

(10) STATIC WATER LEVEL
2'6" ft. below land surface. Date 4/26/2006
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 62

From	To	Estimated Flow Rate	SWL
62	66	10"	2'6"

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4'	
BROWN CLAY	4'	12	
GRAVEL	12	13	
BLUE CLAY	13	62	
BLUE SANDSTONE W/B	62	66	2'6"
BLUE CLAY	66	84	

RECEIVED
MAY 11 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 4/25/2006 Completed 4/27/2006

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 Date 5/5/2006

Signed Rachel D Page

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