

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 84663
(START CARD) # 186297

(1) OWNER: Well Number _____
Name WAYNE SAFFOL
Address 1590 DUSTY DR
City MALE State OR Zip 97718

(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
12 0 18 Benarite 0 18 24
6 18 40 _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured

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 1 29 1/4 ☒ ☐ ☒ ☐
Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Torch
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
20 28 1/8 x 60 _____ ☒ ☐

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
18 12 35 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 18 N or S Range 45 E or W WM.
Section 21 SW 1/4 SE 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 9-11-06
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
<u>20</u>	<u>28</u>	<u>18 gpm</u>	<u>16</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>TOP So. 2 SANDY</u>	<u>0</u>	<u>3</u>	
<u>CLAY BROWN FIRM</u>	<u>3</u>	<u>20</u>	
<u>CLAY BROWN SANDY</u>	<u>20</u>	<u>24</u>	
<u>Pea GRAVEL</u>	<u>24</u>	<u>28</u>	
<u>CLAY grey</u>	<u>28</u>	<u>40</u>	

RECEIVED
SEP 27 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9-9-06 Completed 9-11-06

(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.

Signed Alan Trenchard WWC Number _____ Date 9-11-06

(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.

Signed Eric Hlaab WWC Number 706 Date 9-11-06