

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

WELL I.D. # L 85258

START CARD # 172234

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

(1) LAND OWNER Well Number #1
Name HENRY MAULTZ
Address P.O. BOX 2753
City MYSSA State OR Zip 97913

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other REVERSE

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other AGRICULTURE

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 200 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
<u>24</u>	<u>0</u>	<u>200</u>	<u>CEMENT GROUT</u>	<u>0</u>	<u>200</u>	<u>10 yds</u>

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 _____

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	<u>18</u>	<u>+1</u>	<u>200</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				<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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	

Temperature of water _____ Depth of water 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 _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County MALHEUR
Tax Lot 600 Lot _____
Township 19 N or S 46 E or W 9 WM
Section 28 NE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
3125 KIMBERLY AL

(10) STATIC WATER LEVEL NO WATER, DID NOT HIT
_____ ft. below land surface. Date STATIC WATER
_____ ft. below land surface. Date LEVEL
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
/			

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	/
HARD CLAY	2	10	
CEMENTED GRAVEL	10	13	
BURNT CLAY SAND	13	21	
FINE SAND, SEA GRAVEL	21	43	
SOFT BAN SANDSTONE	43	47	
FINE SAND, SANDSTONE	47	165	
HARD SANDSTONE, SOME CLAY	165	170	
HARD SANDSTONE, FINE SAND	170	205	
SAND			

NOTE:
KEPT LOSING CIRCULATION BELOW CASING
COULD NOT DRILL REVERSE

Date Started 3/29/07 Completed 5/21/07

(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 1505 Date 6/19/07
Signed [Signature]

RECEIVED
JUN 21 2007

WATER RESOURCES DEPT
SALEM OREGON