

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86555

START CARD # 1003352

(1) LAND OWNER Owner Well I.D.

First Name Greg Last Name Schneider
Company
Address 1013 Purple Sage Ln
City Ontario State OR Zip 97914

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

(3) DRILL METHOD
[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[ ] Domestic [X] Irrigation [ ] Community
[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 310 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Rows include Bentonite Chips at 16-30 ft and 0-16 ft.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] Other POURED

Backfill placed from ft. to ft. Material

Filter pack from 160 ft. to 310 ft. Material SAND Size 6/9

Explosives used: [ ] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 10" and 8" diameters.

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 145

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method SLOTTING MACHINE

Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/pipe size. Row 1: 8, 210, 290, 20, 4, 28,444.

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with 4 columns: Yield, Drawdown, Depth, Duration. Row 1: 30, 0, 2.

Temperature 64 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

From To Description Amount Units

Table with 5 columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 19 S N/S Range 46 E E/W WM
Sec 5 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat 0 0 or DMS or DD
Long 0 0 or DMS or DD

[X] Street address of well [ ] Nearest address

1013 Purple Sage Ln. Ontario, OR 97914

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with 4 columns: Existing Well / Predeepening, Completed Well, Date, SWL(ft). Row 1: Completed Well, 06-16-2008, 176.

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 207

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 05-23-2008, 207, 274, 50, 176.

(11) WELL LOG

Ground Elevation 2,450

Table with columns: Material, From, To. Lists soil types from TOP SOIL to BLUE CLAY.

Date Started 04-25-2008 Completed 06-16-2008

(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.

License Number Date
Password: (if filing electronically)
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.

License Number 1414 Date 06-21-2008
Password: (if filing electronically)
Signed
Contact Info (optional)

RECEIVED

# MALH 53352

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86555  
 START CARD # 1003352

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_

First Name Greg Last Name Schneider  
 Company \_\_\_\_\_  
 Address 1013 Purple Sage Ln  
 City Ontario State OR Zip 97914

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

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 310 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
16	16	30	Cement	16	30	12	S
16	0	16	Bentonite Chips	0	16	10	S

How was seal placed: Method  A  B  C  D  E

Other **POURED**  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 160 ft. to 310 ft. Material SAND Size 6/9  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		<input checked="" type="checkbox"/> 1	145	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8		<input type="checkbox"/> 20	310		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) 145  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method SLOTING MACHINE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/pipe size
		8	210	290	20	4	28,444	

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 30 Drawdown 0 Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 2

Temperature 64 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**

County MALHEUR Twp 19 S N/S Range 46 E E/W WM  
 Sec 5 NE 1/4 of the NE 1/4 Tax Lot 100  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

1013 Purple Sage Ln. Ontario, OR 97914

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>06-16-2008</u>	<u>176</u>	

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 207

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>05-23-2008</u>	<u>207</u>	<u>274</u>	<u>50</u>	<u>176</u>	

**(11) WELL LOG** Ground Elevation 2,450

Material	From	To
TOP SOIL	0	2
BROWN CLAY	2	22
SANDY BROWN CLAY	22	27
SANDY BROWN CLAY W/GRAVEL	27	84
HARD BROWN SANDSTONE	84	87
COURSE GRAVEL WITH COURSE SAND	87	95
SOFT BROWN SANDSTONE	95	131
BROWN ROCK	131	132
BROWN SAND	132	144
HARD BROWN SANDSTONE	144	162
BROWN CLAY	162	207
SANDY BROWN CLAY	207	215
HARD BROWN SANDSTONE	215	216
SANDY BROWN CLAY	216	274
BLUE CLAY	274	289
BROWN CLAY SANDY	289	297
BLUE CLAY	297	310

Date Started 04-25-2008 Completed 06-16-2008

**(unbonded) Water Well Constructor Certification**

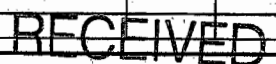
I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number \_\_\_\_\_ Date \_\_\_\_\_  
 Password : (if filing electronically) \_\_\_\_\_  
 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.

License Number 1414 Date 06-21-2008  
 Password : (if filing electronically) \_\_\_\_\_  
 Signed Dary Page  
 Contact info (optional) \_\_\_\_\_



ORIGINAL - WATER RESOURCES DEPARTMENT  
 THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

**JUN 23 2008**  
 WATER RESOURCES DEPT.  
 SALEM, OREGON