

MALH 53410

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 85147

START CARD # 198661

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

(1) **LAND OWNER** Owner Well I.D. 85147
 First Name _____ Last Name _____
 Company Soy Travel Plaza
 Address 5945 Hwy 30
 City Huntington State OR Zip 97908

(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 Injection
 Thermal Other _____

(5) **BORE HOLE CONSTRUCTION** Special Standard: Yes (attach copy)
 Depth of Completed Well 97 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	SPB/lbs
12	0	40	ben-tonite	0	20		24
8	40	97 ft					

How was seal placed: Method A B C D E
 Other from surface
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 20 ft. to 40 ft. Material reg. grave Size 3/8"
 Explosives used: Yes Type _____ Amount _____

(6) **CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
8"	8"			41	40	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) 40 ft
 Temporary casing Yes Diameter 12 From 41 To 35

(7) **PERFORATIONS/SCREENS** Perforations Method Mechanical

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓		X			28	34	1/4	1 1/2"	32	8"

Screens Type _____ Material _____

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15 gpm	3 ft	40 ft	2 hrs

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 155 of 8 Range 45 (E or W) W.M.
 Sec 4 SW 1/4 of the NW 1/4 Tax Lot 301
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 5945 Hwy 30
Huntington, OR 97908

(10) **STATIC WATER LEVEL**

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	8-18-08			29'-4"

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 30 ft

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-18-08	30	34	15 gpm			29'-4"

(11) **WELL LOG** Ground Elevation _____

Material	From	To
top soil	0	4
sandy fine clay	4	18
gravel & sand	18	30
bl. clay	30	34
gravel & sand (WB)	30	34
Hard Blue clay	34	97

RECEIVED
 SEP 29 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 7-18-08 Completed 8-18-08

(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 _____
 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 1485 Date 9-8-08
 Signed Jonni Ho
 Contact Info. (optional) _____