

MALH 53474*
Amended*

Malh 53474

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

WELL LABEL # L 85261*
START CARD # 1005659

(1) LAND OWNER Owner Well I.D. _____

First Name JIM Last Name ALVES
Company _____
Address PO BOX 98
City WESTFALL State OR Zip 97920

(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 590 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
22	0	36	Cement	0	36	4	925

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thr

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thr
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size

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

Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature _____ °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 18 S N/S Range 41 E E/W WM
Sec 26 NW 1/4 of the SE 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1745' NORTH & 1334' WEST FROM SE CORNER, SEC 26

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well				

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG*

Ground Elevation _____

Material	From	To
SAND, GRAVEL	0	31
BROWN CLAY	31	36

*Well was over shot
drilled & Resealed*

RECEIVED

JAN 12 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-11-2008 Completed 12-05-2008

(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 1902 Date 12-29-2008

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 1505 Date 12-29-2008

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

