MALH 534741 * Amended

Malh 53474

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

WELL LABEL # L 8526/ **START CARD #** 1005659

(1) LAND OWNER Owner Well I.D.	(a) LOCATION OF WILL (L. L.L. d. c.)
	(9) LOCATION OF WELL (legal description)
First Name JIM Last Name ALVES	County MALHEUR Twp 18 S N/S Range 41 E E/W WM
CompanyAddress PO BOX 98	Sec <u>26</u> NW 1/4 of the <u>SE</u> 1/4 Tax Lot
St. A	Tax Map Number Lot Lat " " or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long Division DD
Alteration (repair/recondition) Abandonment	Street address of well Nearest address
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	1745' NORTH & 1334' WEST FROM SE CORNER, SEC 26
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic X Irrigation Community	Existing Well / Predeepening
Industrial/Commercial Livestock Dewatering	Completed Well
Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	SWL Date From To Est Flow SWL(psi) + SWL(ft)
Depth of Completed Well 590 ft.	
BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs	
22 0 36 Cement 0 36 4 QCD	1
	(11) WELL LOG* Ground Elevation
How was seal placed: Method A B C D E	Material From To
	SAND, GRAVEL 0 31
Under	BROWN CLAY 31 36
Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size	
	
Explosives used: Yes Type Amount	Well was overshot
(6) CASING/LINER	Well mas overshit
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
	- BEACH/ED
	- KECCIVED
	- IΔN 1 2 2009
Shoe Inside Outside Other Location of shoe(s)	
	WATER RESOURCES DEPT
	11 -1
(7) PERFORATIONS/SCREENS	SAUEM, OREGON
Perforations Method	
Screens Type Material	
Perf/S Casing/Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1902 Date 12-29-2008
Pump Bailer Air Flowing Artesian	Password : (if filing electronically)
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed
Licia garrinii Diawaowii Din sichiri anip deptii Daranon (iii)	(bonded) Water Well Constructor Certification
	I accept responsibility for the construction, deepening, alteration, or abandonme work performed on this well during the construction dates reported above. All works
Temperature °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply we
	construction standards. This report is true to the best of my knowledge and belief.
Water quality concerns? Yes (describe below) From To Description Amount Units	Y
Timodic Olits	License Number 1505 Date 12-29-2008 Password: (if filing electronically)
	Password: (If filing electronically) Signed
	Contact Info (optional)
	Contact IIIo (optional)

MALH 53474

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

WELL LABEL # L		
START CARD#	1005659	1

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)		
First Name JIM Last Name ALVES	County MALHEUR Twp 18 S N/S Range 41 E E/W WM		
Company	Sec 26 NW 1/4 of the SE 1/4 Tax Lot		
Address PO BOX 98	Tax Map Number Lot		
City WESTFALL State OR Zip 97920	Lat ° ' " or DMS or DD		
(2) TYPE OF WORK New Well Deepening Conversion	Long "or DMS or DD		
X Alteration (repair/recondition) Abandonment	Street address of well Nearest address		
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL		
Reverse Rotary Other	Date SWL(psi) + SWL(ft)		
(4) PROPOSED USE Domestic X Irrigation Community	Existing Well / Predeepening Completed Well		
Industrial/Commericial Livestock Dewatering	Flowing Artesian? Dry Hole?		
Thermal Injection Other	WATER BEARING ZONES Depth water was first found		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)			
Depth of Completed Well 590 ft.	SWE Date From To Est Flow SWE(DS) - SWE(II)		
BORE HOLE SEAL sacks/			
Dia From To Material From To Amt Ibs			
22 0 36 Cement 0 36 4 () (Cement 0 36 4 () () (Cement 0 36 4 () () () () () () () () () () () () ()			
	(11) WELL LOG Ground Elevation		
How was seal placed: Method A B C D E	Material From To		
Other	SAND, GRAVEL 0 31		
Backfill placed from ft. to ft. Material	BROWN CLAY 31 36		
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 Thrd			
Shoe Inside Outside Other Location of shoe(s)			
Temp casing Yes Dia From To			
(7) PERFORATIONS/SCREENS			
Perforations Method			
Screens Type Material			
Perf/S Casing/Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	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.		
(8) WELL TESTS: Minimum testing time is 1 hour	License Number 1902 Date 12-29-2008		
Pump Bailer Air Flowing Artesian	Password : (if filing electronically)		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed		
Tree gastim Brawdown Sim Stein amp depth Suramon (11)	(bonded) Water Well Constructor Certification		
	I accept responsibility for the construction, deepening, alteration, or abandonment		
- BEAFILIER	work performed on this well during the construction dates reported above. All work		
Temperature°F Lab analysisYes RECEIVED	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.		
Water quality concerns? Yes (describe below) From To Description LAND AMOUNT Units			
From To Description JAN 0 2 2009 Units	License Number 1505 Date 12-29-2008 Password: (if filing electronical)		
	Signed Signed		
WATER RESOURCES DEPT	Contact Info (optional)		
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK			
Form Version: 0.89			