

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 85150START CARD # 198665

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

1) LAND OWNER

Owner Well I.D. 85150First Name Helena Last Name Herr
Company _____
Address 2448 Grove School Lane
City Vale State OR Zip 97918(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 37 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
12	0	37	Bentonite	0	19	34	0
8	+1	37					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other from surface

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

Filter pack from 19 ft. to 37 ft. Material Peagrand size 30-Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8"		+1	37	250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) 0Temporary casing ☒ Yes Diameter 12 From +2 To 33

(7) PERFORATIONS/SCREENS

Perforations Method trench
Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen	From	To	Screen/	Slot	# of	Tele/
				Dia			slot	length	slots	pipe
X	X				25	33	1/8	6"	32	8"

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing ArtesianYield gal/min 30gpm Drawdown 2 ft Drill stem/Pump depth 18 ft Duration (hr) 2 hrsTemperature 59 °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 19S N or S Range 43E E or W W.M.
Sec 1 SW 1/4 of the 35 1/4 Tax Lot 1001

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 2448 Grove School Lane Vale, OR 97918

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>1-5-09</u>			<u>7-1"</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ YesWATER BEARING ZONES Depth water was first found 17 ft

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>17</u>	<u>32</u>	<u>100gpm</u>			<u>7-1"</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>topsoil</u>	<u>0</u>	<u>4</u>
<u>Br sandy clay</u>	<u>4</u>	<u>17</u>
<u>Gravel & sand</u>	<u>17</u>	<u>32</u>
<u>Blue clay</u>	<u>32</u>	<u>37</u>

RECEIVED

JAN 22 2009

WATER RESOURCES DEPT
SALEM, OREGONDate Started 12-7-08 Completed 1-5-09

(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 1-17-09Signed Jon M Fife

Contact Info. (optional) _____