

MALH 53484

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

WELL LABEL # 48097  
START CARD # 199653

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

(1) LAND OWNER Owner Well I.D.  
First Name Joe Last Name McKay  
Company \_\_\_\_\_  
Address PO Box 187  
City Juntura State OR Zip 97941

(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 200 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16"	0	83	BENTONITE	0	50	52	Scks
12"	83	200					

How was seal placed: Method  A  B  C  D  E  
 Other POURED DILY  
Backfill placed from 50 ft. to 74 ft. Material BENTONITE  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		12"	+	2	83	250	✓		✓	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/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 300 Drawdown \_\_\_\_\_ Drill stem/Pump depth 180' Duration (hr) 1 1/2

Temperature 50 °F Lab analysis  Yes  No By \_\_\_\_\_  
Water quality concerns?  Yes  No  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_  
MAR 2 2009 FEB 05 2009

(9) LOCATION OF WELL (legal description) 39E  
County MALHEUR Twp 23 N of S Range 24 E of W. W.M.  
Sec 20 SE 1/4 of the SW 1/4 Tax Lot 800  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Street Address of Well (or nearest address) SUNWAY RD.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>2-02-09</u>			<u>-53'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 70'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-02-09</u>	<u>70</u>	<u>200</u>	<u>300+</u>			<u>-53'</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
DARK GRAY CLAY	0	6
LIGHT GRAY CLAY	6	12
BROWN CLAY	12	31
GRAY SANDSTONE	31	68
BROKEN GRAY ROCK	68	104
LAYERS OF RED SANDSTONE	104	187
ROCK CONGLOMERATE	187	200
BROKEN BASALT - HARD	187	200

"BROKEN ROCK From 74 to 83"  
HOLE WOULD NOT STAY OPEN  
PAST 74'

Date Started 1-26-09 Completed 1-30-09

(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 1355 Date 2-02-09  
Signed Arthur L Jay  
Contact Info. (optional) \_\_\_\_\_