

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

WELL LABEL # L 88885
START CARD # 1004717

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

First Name LOS CHURCH Last Name _____
Company _____
Address 3958 HWY 201
City ONTARIO State ORE Zip 97914

(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 47 ft.

BORE HOLE			SEAL			Amt	sacks/ (lbs)
Dia	From	To	Material	From	To		
<u>12</u>	<u>0</u>	<u>22</u>	<u>BENTONITE</u>	<u>0</u>	<u>22</u>		<u>1000</u>
<u>8</u>	<u>22</u>	<u>47</u>	<u>CHIPS</u>				

How was seal placed: Method A B C D E

Other SLOW POUR

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	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>8</u>	<u>+</u>	<u>2</u>	<u>23</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u>	<u>-</u>	<u>13</u>	<u>23</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 23'

Temp casing Yes Dia 12 From +1' To 20'

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type WIRE WRAP Material SS

Perf/Screen	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6"</u>	<u>23</u>	<u>33</u>	<u>.030</u>	<u>N/A</u>	<u>N/A</u>	<u>P.S</u>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 75 GPM Drawdown N/A Drill stem/Pump depth 20 FT Duration (hr) 1 HOUR

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 19 N S Range 47 W WM
Sec 31 1/4 of the 1/4 Tax Lot 500
Tax Map Number 1954731A Lot _____
Lat 43° 52' 76" or _____ DMS or DD
Long 117° 0' 598" or _____ DMS or DD
 Street address of well Nearest address

13 PARK AVE NYSSA ORE

(10) STATIC WATER LEVEL

Date _____ SWL(psi) _____ + SWL(ft) _____
Existing Well / Predeepening _____
Completed Well 9-20-08 6 FT
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 22 FT

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>9-20-08</u>	<u>22</u>	<u>33</u>	<u>75</u>		<u>-6</u>

(11) WELL LOG

Material	From	To
<u>SILTY CLAY</u>	<u>0</u>	<u>15</u>
<u>GRAVEL & CLAY</u>	<u>15</u>	<u>16</u>
<u>DARK SILTY CLAY W/ ROCKS</u>	<u>16</u>	<u>22</u>
<u>GRAVEL & SAND</u>	<u>22</u>	<u>33</u>
<u>BLUE CLAY</u>	<u>33</u>	<u>47</u>

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MAR 06 2009
MAR 06 2009
WATER RESOURCES DEPT
SALEM, OREGON
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 9-5-08 Completed 9-20-08

(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 _____
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 1714 Date 10-13-08
Password: (if filing electronically) _____
Signed Dave Adamson
Contact Info (optional) _____

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Depth of Completed Well 47 ft.

BORE HOLE			SEAL		sacks/ lbs
Dia	From	To	From	To	
12	1	22	1	22	1000
8	22	47			

Material BENTONITE CHIPS

How was seal placed: Method A B C D E

Other SLOW POUR

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Explosives used: Yes Type _____ Amount _____

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Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	-	13	23	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) 23'

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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6"	23	33	.030	N/A	N/A	P.S

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Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>75 GPM</u>	<u>N/A</u>	<u>20 FT</u>	<u>1 HOUR</u>

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

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13 PARK AVE NYSSA ORE

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>9-20-08</u>		<u>6 FT</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 22 FT

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>9-20-08</u>	<u>22</u>	<u>33</u>	<u>75</u>		<u>-6</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>SILTY CLAY</u>	<u>1</u>	<u>15</u>
<u>GRAVEL & CLAY</u>	<u>15</u>	<u>16</u>
<u>DARK SILTY CLAY W/ ROCKS</u>	<u>16</u>	<u>22</u>
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License Number 1714 Date 10-13-08

Password: (if filing electronically) _____

Signed Steve Adamson

Contact Info (optional) _____