MALH 53541

STATE OF OREGON WATER SUPPLY WELL REPORT

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

well label # l <u>8885/</u> start card # <u>198666</u>

Instructions for completing this report are on the last page of this form.		
(1) LAND OWNER Owner Well I.D. 88851	(9) LOCATION OF WELL (legal description)	
First Name UEVOS 14110 Bas Name	County Malhour Twp 175 or S Range 43 Eor W W	/ N /
Company Devos Dairies Address 2460 9 Ave W	Sec	
City Vale State OR Zip 97978		_
	Tax Map Number Lot Lat "or DMS or	DD.
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or	
☐ Alteration (repair/recondition) ☐ Abandonment		טט
(A) DRIVE MERITOR	Street Address of Well (or nearest address) 2460 9 4 AVE	
(3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud 【X Cable ☐ Auger ☐ Cable Mud	W Vale, OR	
	40.000	_
Reverse Rotary Other	(10) STATIC WATER LEVEL 2 Dates - O SWL(psi) + SWL (ft	
(4) PROPOSED USE Domestic Irrigation Community	ZDates - SWL(psi) + SWL (ft	()
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection	Existing Well/Predeepening	
☐ Thermal ☐ Other	Completed Well 3804 38-2	<u>2 ′ </u>
	Flowing Artesian? Yes Dry Hole? Yes	_
(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)	WATER BEARING ZONES Depth water was first found 145/	1
Depth of Completed Well ft.	SWL Date From To Est Flow SWL (psi) + SWL (ft))
BORE HOLE SEAL	3-23-09 145 300 300+ 38-	זבֿ
Dia From To Material From To Amount Scks/lbs		
16 0 24 Bentonite 0 25 50 bags		
12 24 300		
	(11) WELL LOG Ground Elevation	
How was seal placed: Method A B C D E	Material From To	
thother from surface	top Soil 0 3	\neg
Backfill placed from ft. to ft. Material		\neg
Filter pack from ft. to ft. Material Size	havasan 3 5	\neg
Explosives used: Yes Type Amount		
#(C) C A CINIC/II INIPID	Buclay 5 145	
(6) CASING/LINER Csng Linr Dia + From To Gauge Steel Plastic Welded Thrd		_
	Blue Sandy Clay Pagrace 145 300	\dashv
	STYLIKS	_
	KEPEIAFO	\neg
		\neg
	IIIN 0 8 2009	\Box
	5011	_
Shoe Inside Outside Other Location of shoe(s)	WATER RESOURCES DEPT	
Temporary casing Yes DiameterFromTo	WAI CHAILEOCH OREGON	
AND DEDUCED A STANDARD OF CONTRACT	1	'
(7) PERFORATIONS/SCREENS	Date Started 2 -12-09 Completed 3 - 28-09	
Perforations Method	(unbonded) Water Well Constructor Certification	_
Screens Type Material	I certify that the work I performed on the construction, deepening, alteration	n, o
	abandonment of this well is in compliance with Oregon water supply well	
Screen slot Slot # of pipe	construction standards. Materials used and information report and true	to
Perf Scrn Csng Linr Dia From To width length slots size	the best of my knowledge and belief.	
	License Number DateAPR 2 9 2009	
	AFR 4 0 2003	_
	SignedNATED DECOUDED DETO	
	WATER RESOURCES DEPT	Щ
(8) WELL TESTS: Minimum testing time is 1 hour	(bonded) Water Well Constructor Certification SALEM, OREGON I accept responsibility for the construction, deepening, alteration, or	
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	abandonment work performed on this well during the construction dates reporte	d
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	above. All work performed during this time is in compliance with Oregon wate	
50 + 4pt 2m	supply well construction standards. This report is true to the best of my knowle	
	and belief.	
	License Number 1485 Date 4-12-09	
Temperature 63°F Lab analysis Yes By	Date Date	_
Water quality concerns? Yes (describe below)	Signed Van WI + H	
From To Description Amount Units	Contact Info. (optional)	_

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STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 8885	
1001	/ /

START CARD# 178666 Instructions for completing this report are on the last page of this form. (1) LAND OWNER Owner Well I.D. 8885 (9) LOCATION OF WELL (legal description) First Name Uevos County Malheur Twp 175 or S Range 43 & or W W.M. Company __ Address Tax Map Number ___ DMS or DD New Well (2) TYPE OF WORK ☐ Deepening ☐ Conversion DMS or DD ☐ Alteration (repair/recondition) Abandonment Street Address of Well (or nearest address) 2460 9 4 AVE (3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud Cable ☐ Auger ☐ Cable Mud Reverse Rotary Other (10) STATIC WATER LEVEL SWL(psi) + SWL (ft) (4) PROPOSED USE ☐ Domestic Irrigation
Dewatering ☐ Community Existing Well/Predeepening ☐ Industrial/Commercial ☐ Livestock ☐ Injection Completed Well ☐ Thermal Other Flowing Artesian? Yes Dry Hole? Yes (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) WATER BEARING ZONES Depth water was first found 14514 Depth of Completed Well __300 ft. SWL Date From To Est Flow SWL (psi) + SWL (ft) 3-23-09 145 300 300+ BORE HOLE Amount | Scks/lbs From From To 16 (11) WELL LOG Ground Elevation How was seal placed: Method ABBCDDE To Backfill placed from _____ ft. to ____ ft. Material __ ft. to ____ ft. Material _ Filter pack from Explosives used: Type ___ 145 (6) CASING/LINER Csng Linr Dia + From To Gauge | Steel | Plastic | Welded | Thrd <u>300</u> ナス . 2*50* Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter From 2-12-09 Completed 3-28-09 (7) PERFORATIONS/SCREEN Date Started Perforations Method __ (unbonded) Water Well Constructor Certification Screens Type Material I certify that the work I performed on the construction, deepening, alteration, or Screen/ Tele/ abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information to the standards of Screen Slot # of slot pipe the best of my knowledge and belief. Perf Scrn Csng Linr Dia From To width length slots size License Number _ — Date APR 29 2009 Signed WATER RESOURCES DEPT (bonded) Water Well Constructor Certification SALEM, OREGON I accept responsibility for the construction, deepening, alteration, or (8) WELL TESTS: Minimum testing time is 1 hour ☐ Pump Bailer ☐ Air ☐ Flowing Artesian abandonment work performed on this well during the construction dates reported Drawdown Drill stem/Pump depth Duration (hr) above. All work performed during this time is in compliance with Oregon water 2 hrs supply well construction standards. This report is true to the best of my knowledge and belief. Date 4-12-09 License Number Temperature 63°F Lab analysis Tyes By Water quality concerns? Yes (describe below) Signed From Description Units Amount Contact Info. (obtional)