

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

WELL LABEL # L 100201

START CARD # 1006369

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company STATE OF OREGON OREGON MILITARY DEPARTMENT  
 Address 1330 S.W. 4TH ST  
 City ONTARIO State OR 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 197 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	165	Cement	0	50	6	
18	165	200					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 50 ft. to 200 ft. Material SAND Size 12/20

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2	78	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		108	118	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		128	133	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10		138	192	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_

Screens Type WIRE WRAP Material S.S.

Perf/S	Casing/	Screen	Liner	Dia	From	To	Scrm/slot	Slot	# of	Tele/
							width	length	slots	pipe size
Screen	Casing			10	78	108	.015			
Screen	Casing			10	118	128	.015			
Screen	Casing			10	133	138	.015			
Screen	Casing			10	192	197	.015			

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
 102 35 108 5

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 18 S N/S Range 47 E E/W WM  
 Sec 9 NE 1/4 of the SE 1/4 Tax Lot 500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

1330 S.W. 4TH ST, ONTARIO, OR

**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	05-12-2009			10.8

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 77

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-16-2009	8.3	25	102			10.8
03-17-2009	77	79	102			10.8
03-17-2009	80	82	102			10.8
03-17-2009	83	85	102			10.8
03-17-2009	95	108	102			10.8

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
TOP SOIL	0	7
SAND, GRAVEL	7	25
HARD BLUE CLAY	25	77
FINE SAND	77	79
HARD BLUE CLAY	79	80
FINE SAND	80	82
HARD CLAY	82	83
FINE SAND	83	85
HARD CLAY	85	90
SOFT SANDY CLAY W/ FINE SAND	90	95
FINE SAND	95	108
HARD BLUE CLAY	108	120
FINE SAND	120	127
GREY CLAY	127	134
FINE SAND	134	137
GREY CLAY	137	165
SILTSTONE, CLAYSTONE	165	167
GREY CLAY	167	182
SILTSTONE, CLAYSTONE	182	183

Date Started 04-16-2009 Completed 05-12-2009

**(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 1505 Date 06-08-2009

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_

RECEIVED  
 JUN 15 2009

