

# MALH 53561

## STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 101301

START CARD # 1007095

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company ROMANS RANCHES  
 Address 2200 6TH AVE WEST  
 City WHEAT State OR Zip 97148

**(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 328 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Secs (lb)
20	0	328	BENTONITE	0	50	3200	

How was seal placed: Method  A  B  C  D  E  
 Other Dry POW  
 Backfill placed from 50 ft. to 64 ft. Material BENTONITE  
 Filter pack from 64 ft. to 328 ft. Material GRAVEL Size 3/8  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
-		12		12	328	1/4	-		-	

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
-	-			100	320	3/16 x 5/8			6336	

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
900		326	15 Hr

Temperature 62 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County WHEAT Twp 17 N or S Range 44 E or W W.M.  
 Sec 28 SE 1/4 of the SE 1/4 Tax Lot 8400  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat 44° 04' 9.26" or \_\_\_\_\_ DMS or DD  
 Long 117° 20' 12.70" or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 6TH AVE WEST

**(10) STATIC WATER LEVEL**

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>6-28-09</u>			<u>77</u>

Flowing Artesian?  Yes Dry Hole?  Yes

**WATER BEARING ZONES** Depth water was first found 170

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-28-09</u>	<u>170</u>	<u>320</u>	<u>1200</u>			<u>77</u>

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

Material	From	To
Clay Brown	0	16
gravel	16	20
Clay Brown	20	140
Sand Brown	140	170
Clay Brown	170	180
Sand coarse	180	210
Clay Brown	210	240
Sand Brown	240	270
Clay Brown	270	280
Sand coarse	280	320
Clay Brown	320	328

Date Started 6-14-09 Completed 6-28-09

**(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 7-1-09  
 Signed [Signature]

**(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 1867 Date 7-1-09  
 Signed [Signature]  
 Contact Info. (optional) \_\_\_\_\_

**RECEIVED**  
 JUL 15 2009  
 WATER RESOURCES DEPT