

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

MALH 53586WELL LABEL # 88853START CARD # 198668

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

(1) LAND OWNER Owner Well L.D. 88853
 First Name Christine A. Last Name Adams
 Company _____
 Address 4773 Kimble Rd
 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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
 Depth of Completed Well 56 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
10	0	56	Bentonite	0	25	32	Sacks
6	0	56					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other From Surface

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 25 ft. to 56 ft. Material Permeable Size 38Explosives used: ☐ Yes Type _____ Amount _____**(6) CASING/LINER**

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒		6	+	2	56	.250	☒			☒

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe 0Temporary casing ☒ Yes Diameter 10 From 0 To 53**(7) PERFORATIONS/SCREENS**Perforations Method Arch

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
☒	☒				43	53	1/8	6"	50	6"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30 gpm	2 ft	40 ft	2 hrs

Temperature 61 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)County Malheur Twp 17S or S Range 47E or W W.M.Sec 4 SE 1/4 of the NE 1/4 Tax Lot 808Tax Map Number _____ Lot 800

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 4773 Kimble Rd.
Ontario OR 97914**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	9-8-09			31.45 ft

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes**WATER BEARING ZONES** Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9-8-09	31	52	80 gpm			31.4 ft

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil	0	8
Br clay	8	28
med gravel & sand	28	53
Bentonite		
Brown clay	53	56

OCT 22 2009

 WATER RESOURCES DEPT
 SALEM, OREGON
Date Started 7-25-09 Completed 9-8-09**(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 _____

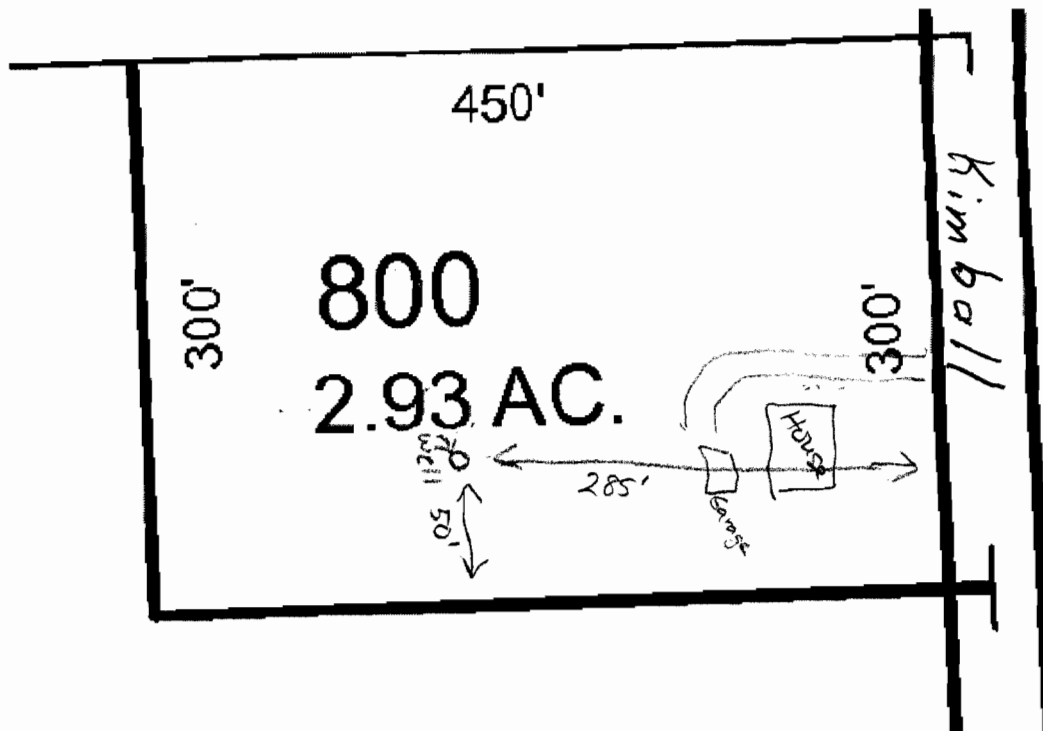
Signed _____

(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 1485 Date 9-9-09Signed Jon M. H.
 Contact Info (optional) _____

EXEMPT USE WELL LOCATION MAP



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OCT 07 2009

WATER RESOURCES DEPT
SALEM, OREGON

Malheur County

Assessor Map Reference Number: 17S 47E 4 SENE Tax Lot 800

Street Address of Well, if Available: 4773 ~~Kimble~~ Road, Ontario, OR

Well Label (ID) # L 88853

Kimball

(Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.)

MAP NOT TO SCALE

LAND OWNER SUBMITTED MAP