## MALH 53657

Well #16

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

WELL LABEL # L 88891	
/	
START CARD# 1008492	

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(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
Pirst Name Last Name	County MALIAGURIND 18 NO Range 47 OWWM
Company DITU AE DATADIO	Sec 11 SE 1/4 of the NW 1/4 Tax Lot 1801
Address 444 SW 4TH STEET  City ONTARIO State ORPHONIZIN 97914	Tax Map Number Lot
	Lat 44 ° 01 242 or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long 116 56 178 or DMS of DD
Alteration (repair/recondition) Abandonment	Street address of well ( Nearest address
	SE 5TH AVENUE ONTHEID
(3) DRILL METHOD Rotary Air X Rotary Mud Cable Auger Cable Mud	
Reverse Rotary Other	(10) STATIC WATER LEVEL, Date SWL(psi) + SWL(ft)
	Existing Well / Predeepening
(4) PROPOSED USE Domestic Infigation Community.	Completed Well 1-14-10 - 16
Industrial/ Commercial Livestock Dewatering	Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 76
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well 52. ft.  BORE HOLE SEAL sacks!	1-14-10-16 42 278 - 16
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	
3D 0 18 CEMENT 18 0 300 ML	
22 18 55	
12 55 100	(11) WELL LOG Ground Elevation
How was seal placed: Method A B XC D E	Material From To
Other	TOP 3014
Backfill placed from 55 ft. to 100 ft. Material CLAY + GRAVEL	BROWN CLAY 4 10
Filter pack from 65 ft to 0 ft. Material Silva S. Size 6/9	SAWD & GORAUEL TAN 10 31
Explosives used: Yes Type . Amount	54ND BROWN 31 32 SAND & GRAVEL 32 41
(6) CASINC/LINER	BROWN CLAY 41 42
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	BLUE CLAY 42 43
(8) Q 24" H 2 18 150 00 Q	BLUE SAND 43 44 BLUE CLAY 44 55
0 /6" # 2,5 22 375 0 X	SAND VERY FINE 55 72
Ø ☐ 16" = 42 52 375 Ø ☐ X ☐	DECEMENT BLUE CLAY 72 100
	I I M C MI V M D
Shoe Inside Outside Other Location of shoe(s)	JAN 2 1 2010
Temp casing Yes Dia From To	17313-2-3-4-10
(7) PERFORATIONS/SCREENS	WATER RESOURCES DEPT
Perforations Method	SALEM, OREGON
Screens Type WIPE WEAP Material STAINLESS	OALLM, OILGON
Peril's Casing/Screen Sem/slot Slot # of Tele/	
creen Liner Dia From To width length slots pipe size	Date Started COTOR DR. 09 Completed /2 5816-NOOF
16" 22 42 030 RS	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number- Date
Pump Bailer Air Flowing Artesian Password: (if filing electronically)	
Yield yal/min Drawdown Drill stem/Pump depth Duration (hr)	
276 21 24h/3 (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	
Water quality concerns? Yes (describe below) construction standards. This report is true to the best of my knowledge and belief.	
From To Description Amount Units License Number 17/4 Date 1-14-10	
	Password (If filing electronically) Signed Awin Offern son
	Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WELL#16

Form Version: 0,89