MALH 53658

Well #15

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

WELL LABEL # L	8889	2
START CARD#	1008	707

The same of the sa			
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)		
First Name Last Name	County MALHEUR Two 18 NO Range 247 ONW WM		
Company CITY OF OUTARIO	Sec 11 SE 1/4 of the NW 1/4 Tax Lot 1500		
Address 444 SW 4TH STEPET	Tax Map Number Lot		
City ONTARLO State ORETON ZID: 97914	Lat 44 ° 01 278 or DMS or DD		
(2) TYPE OF WORK New Well Decpening Conversion	Long 116 66 178" of DMS or DD		
Alteration (repair/recondition) Abandonment	Street address of well (Nearest address		
	SE 5TH AVENUE ONTARIO		
(3) DRILL METHOD			
Rotary Air Arctary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(DS) + SWL(D)		
	Existing Well / Predeepening Date SWL(psi) + SWL(n)		
(4) PROPOSED USE Domestle Intigation Community,	Completed Well /-/4-/0 - /4		
Industrial/Commercial Livestock Downstering	Flowing Artesian? Dry Hole?		
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 74		
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy)	SWL Date From To Est Flow SWL(psi) + SWL(ft)		
Depth of Completed Well 52 ft.	1-14-10-14 42 232 -14		
BORE HOLE SEAL sacks/			
Dia From To Material From To Amt lbs			
30" 0 18 CEMENT 0 18 3000M			
22" 18 65			
12 55 100	(11) WELL LOG Ground Elevation		
How was seal placed: Method A B XC D E			
Other	TOP SOIL O 4		
Backfill placed from \$5 ft. to 100 ft. Material CLAY + GRAVEL			
Filter pack from O fl. to 55 ft. Material Silica Size 6/9	SAND + GRAVEL TAN 10 31		
Explosives used: Yes Type Amount	BROWN SAND 31 32		
	SAND & GRAVEL 32 41 Blown CLAY 41 42		
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wid Thrd	Blue CLAY 42 43		
8 0 24° H 2 1/8 1257 8 0 0	BLUE SAND . 43 44		
Ø 0 16" F2.5 22 318 Ø 0 X			
0 0 16" = 42 52 575 8 0 X	SAND VERY FINE 55 72		
	BLUE CLAY 72 100		
	RECEIVED		
Shoe Inside Outside Other Location of shoe(s)	RECEIVED TO COME.		
Temp casing Yes Dia From To	JAN 2 1 2018		
·(7) PERFORATIONS/SCREENS	JAN 2 1 LOID		
Perforations Method	WATER RESOURCES DEPT		
Scieens Type WIPE WRAP Materia TAWLESS S	SALEM, OREGON		
Perf/S Casing/Screen Scrrvslot Slot # of Tele/			
creen Liner Dia From To width length slots pipe size	Date Started NOVEMBER 09 completed 12 12 6 09		
16" 22 42 .030 P.S.	(unhonded) 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 gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed		
232 21 24115	(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		
Temperature 57 °F Lab analysis Yes By	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.		
Water quality concerns? Yes (describe below) From To Description Amount Units			
T. C.	License Number 1714 Date 1-14-10 Password-His filting electronically)		
	Password (if liting electronically) Signed Dave (Colorn None		
	Contact Info (optional)		
ORIGINAL · WATER RESOURCES DEPARTMENT			
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.89			
WELL # 15 Form Version: 0.89			