

STATE OF OREGON  
WATER SUPPLY WELL REPORT

MALH 53752

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 183025

START CARD # 206270

ORIGINAL LOG # Malh 007

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

(1) LANDOWNER Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Three Valleys Ranch  
 Address 22445 Bridgeport LN.  
 City Bridgeport State OR. Zip 97819

(2) TYPE OF WORK  New  Conversion  Deepening  
 Alteration (complete Sections 2a & 10)  Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 430 ft.  
 Seal Material cement  
 Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
 Casing Gauge .250 Casing Diameter 12"

(3) DRILL METHOD  Rotary Air  Rotary Mud  Auger  
 Cable  Cable Mud  Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION  
 Depth of Completed Well 640 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
	Existing						

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:  
 Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs  
 Actual Amount Used: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		105	485	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe  Inside  Outside  Other Location of shoe(s) 485'  
 Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method Turck  
 Screens Type \_\_\_\_\_ Material Steel

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				405	485	1/4	6	120	10

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>1/2 - 200</u>	<u>344</u>	<u>460</u>	<u>4hr.</u>

 Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
 County Malheur Twp 13 N or S Range 42 E or W W.M.  
 Sec 20 NW 1/4 of the NE 1/4 Tax Lot 600  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) Mormon Basin

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>8-9-10</u>			<u>52</u>
Completed Well	<u>8-18-10</u>			<u>5</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	Existing					

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

Material	From	To
<u>Lined existing well w/ 10" to 485' and cleaned back to 640</u>		
<b>RECEIVED</b>		
OCT 18 2010		
WATER RESOURCES DEPT SALEM, OREGON		

Date Started 8-16-10 Completed 8-18-10

(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 1816 Date 9-10-10  
 Signed [Signature]  
 Contact Info. (optional) 541-519-0618