

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

MAH 53888

08-18-2011



WELL LABEL # L 104086

START CARD # 1014513

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name ATT: MIKE Last Name BARNES  
 Company OREGON TRAVEL INFORMATION COUNSEL (ODOT)  
 Address 1500 LIBERTY STREET SE  
 City SALEM State OR Zip 97302

(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  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
 Depth of Completed Well 39.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	19	Bentonite Chips	0	19	1,000	P
12	19	39					

How was seal placed: Method  A  B  C  D  E

Other overbore

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 19 ft. to 39 ft. Material Colorado Size 8/12

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	10		1	27.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10		37.5	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type Alloy 25 slot Material 304 Stainless

Perf/S reen	Casing Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	10	27.5	37.5	25			10

(8) WELL TESTS: Minimum testing time is 1 hour

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75	10	24	1

Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Malheur Twp 18.00 S N/S Range 47.00 E E/W WM  
 Sec 11 NW 1/4 of the SW 1/4 Tax Lot 900  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or 44.01608000 DMS or DD  
 Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or -116.94390000 DMS or DD  
 Street address of well  Nearest address

1202 SOUTH I84 EAST NORTH ONTARIO OR  
 ENTERING OREGON FROM IDAHO ON I8

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	08-18-2011			14

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 15

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-18-2011	15	38	120			14

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	2
clay	2	15
gravel	15	38
blue clay	38	39

RECEIVED

DEC 16 2011

WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 08-12-2011 Completed 08-17-2011

(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 \_\_\_\_\_  
 Electronically Filed  
 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 1818 Date 08-18-2011  
 Electronically Filed  
 Signed DANIEL MCLERAN (E-filed)  
 Contact Info (optional) 208-941-0647