

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

MALH 53954

WELL I.D. LABEL# L 107676 107673
START CARD # 1017313
ORIGINAL LOG #

8/8/2012

(1) LAND OWNER Owner Well I.D. _____
First Name MIKE Last Name BENTZ
Company _____
Address PO BOX 156
City JUNTURA State OR Zip 97911

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

(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 410.00 ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs

18	0	18					
14	18	350					
12	350	410					

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 _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

700		400	

Temperature 59 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 24.00 S N/S Range 38.00 E E/W WM
Sec 7 NE 1/4 of the NE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
20 MILES SOUTH SHUMWAY ROAD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 8/6/2012 _____ 235
Completed Well 8/7/2012 _____ 235
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 235
SWL Date From To Est Flow SWL(psi) + SWL(ft)

8/7/2012	366	410	200		235

(11) WELL LOG Ground Elevation _____
Material From To
existing hole 0 366
sandstone brown 366 400
basalt black broken 400 410
RECEIVED BY OWRD
OCT 29 2012
SALEM, OR

Date Started 8/6/2012 Complete 8/7/2012

(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 1424 Date 8/8/2012
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) _____

STATE OF OREGON
 WATER SUPPLY WELL REPORT
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MALH 53954
 8/8/2012

WELL I.D. LABEL# L 107676 107073
 START CARD # 1017313
 ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
 First Name MIKE Last Name BENTZ
 Company _____
 Address PO BOX 156
 City JUNTURA State OR Zip 97911

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

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Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

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 Industrial/ Commercial Livestock Dewatering
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 Depth of Completed Well 410.00 ft.
 BORE HOLE

Dia	From	To	Material	SEAL From	To	Amt	sacks/lbs
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 Explosives used: Yes Type _____ Amount _____

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Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input 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 _____ Material _____

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

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

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 Street address of well Nearest address
 20 MILES SOUTH
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(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	8/6/2012			235
	8/7/2012			235

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/7/2012	366	410	200			235

(11) WELL LOG

Material	From	To	Ground Elevation
existing hole	0	366	
sandstone brown	366	400	
basalt black broken	400	410	

Date Started 8/6/2012 Complete 8/7/2012

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