

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

9/8/2012

START CARD # 1017238

ORIGINAL LOG # MALHEUR 208

(1) LAND OWNER

Owner Well I.D. _____

First Name TOM Last Name HOPPER

Company _____

Address 5399 JOHN DAY HWY

City JAMIESON State OR Zip 97909

(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: _____

(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 650.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs

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

Table with columns: 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 Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ 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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 70 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount

From To Description Amount Units

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 16.00 S N/S Range 43.00 E E/W WM

Sec 6 NE 1/4 of the NE 1/4 Tax Lot 3900

Tax Map Number _____ Lot _____

Lat _____ " or 44.21421000 DMS or DD

Long _____ " or -117.49180000 DMS or DD

Street address of well Nearest address

5399 JOHN DAY HWY, JAMIESON OR 97909

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Date, SWL(psi), +, SWL(ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found MALH 208

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft)

(11) WELL LOG

Ground Elevation 2634.00

Table with columns: Material, From, To

Date Started 8/1/2012

Completed 8/9/2012

(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 1481 Date 9/8/2012

Signed MARVIN G HAINES (E-filed)

Contact Info (optional) 208-741-0422

WATER SUPPLY WELL REPORT - continuation page

MALH 53959

WELL I.D. LABEL# L **83864** 113269 Replacement
START CARD # **1017238**
ORIGINAL LOG # MALHEUR 208

9/8/2012

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Material		From	To		Amt	sacks/lbs		

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To

Comments/Remarks

a clean out was done be for deepening swl 159 temp 70* , 07/30/2012, well had 40 ft of sand in bottom



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED
MAY 29 2018

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): EVELYN HEID
Mailing Address: 5410 JOHN DAY HWY
City, State, Zip: JAMIESON OR. 97909
Mail Well ID Tag to: [] SAME AS ABOVE [] In Care Of (C/O) ATTACHED TO WELL BY WELL INSPECTOR RY
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 16 (North South) Range: 43 (East West) Section: 6 NE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 3900 County MALHEUR
GPS Coordinates: 44.21437 -117.49151
Street Address of Well, City: 5399 John Day Hwy
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 8/9/2012 Total Well Depth: 650' Casing Diameter: 12"
Owner at time the well was constructed (if known): TOM HOPPER Well Log # (if known): MALH 53959 + 208
Other Information: WELL # 1 * Orig. Tag welded on well BURIED by subsequent concrete pad!

SUBMITTED BY (please print): R. O. MAYNARD State Well Inspector
PHONE: 541-519-7455 EMAIL &/or FAX: ROBERT.O.MAYNARD@OREGON.GOV

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Replacement tag! *
L-83864 buried/destroyed

For Official Use Only by the Oregon Water Resources Department:

Received Date: 5-29-18
Well Log Number: MALH 53959 + 208 (deepening)
Well Identification #: L-113269 (original)