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

MALH 54024

6/5/2013

WELL I.D. LABEL# L 109959
START CARD # 1019546
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name WILLIAM (BILL) Last Name MULDER
Company TREE TOP RANCHES
Address P O BOX 8126
City BOISE State ID Zip 83707

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 601.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
20	0	250	Bentonite	0	45	48	S
16	250	601	Cement	45	250	250	S

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other BENT FRM SURFACE
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
●	○	16	☒	2	250	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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/ Screen 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)
2800	31	240	8

Temperature 62 °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 27.00 S N/S Range 38.00 E E/W WM
Sec 33 SE 1/4 of the NE 1/4 Tax Lot 1300
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
○ Street address of well ◉ Nearest address
CROWLEY - RIVERSIDE RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	5/8/2013		☐	96

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 84.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/17/2013	84	241	100		☐	60
4/26/2013	264	601	4000		☐	96
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
top soil	0	1
clay light brown	1	84
clay blue with cracks	84	91
clay brown with occasional cracks	91	241
basalt solid	241	264
basalt fractured	264	601

Date Started 4/15/2013 Complete 5/8/2013

(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 1899 Date 6/5/2013

Signed SAM P KINGREY (E-filed)

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: