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APR 1 8 2014

MALH 54116

STATE OF OREGON MY 05 2014 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

SALEM, OF WELL LABEL # L 112757

| SALEM, OR | SIARI CARD # 1022007 |
|--|---|
| (1) LAND OWNER Owner Well I.D. | (9) LOCATION OF WELL (legal description) |
| First Name Jeremy Last Name Peterson | County MALHEUR Twp 20 S N/S Range 46 E E/W WM |
| Company | Sec 22 SW 1/4 of the NW 1/4 Tax Lot 300 |
| Address 2597 Hwy 201 | Tax Map Number Lot |
| City Nyssa State OR Zip 97913 | Lat o o o o o o o o o o o o o o o o o o o |
| (2) TYPE OF WORK New Well Deepening Conversion | Long or117.095 DMS or DD |
| Alteration (repair/recondition) Abandonment | Street address of well • Nearest address |
| | SE Corner of Jefferson and Ivanhoe, Nyssa OR |
| (3) DRILL METHOD Rotary Air | |
| Reverse Rotary Other | (10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) |
| | Existing Well / Predeepening |
| (4) PROPOSED USE Domestic Irrigation Community | Completed Well 04-09-2014 16 |
| Industrial/Commercial Livestock Dewatering | Flowing Artesian? Dry Hole? |
| Thermal Injection Other | WATER BEARING ZONES Depth water was first found |
| (5) BORE HOLE CONSTRUCTION Special Standard Attach copy | |
| Depth of Completed Well 98 ft. | 04-09-2014 19 72 400 16 |
| BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs | |
| 21 0 5 | |
| 16 5 20 | |
| 12 20 98 | (11) WELL LOG Ground Elevation |
| How was seal placed: Method A B C D E | Cround Elevation |
| | Material From To Topsoil 0 2 |
| X Other_slow pr from surf. Backfill placed from ft. to ft. Material | Clayey Soil 2 19 |
| Filter pack from ft. to ft. Material Size | Conglomerate of Pea Gravel & Clay 19 57 |
| Explosives used: Yes Type Amount | Dark Gravel & Sand Blueish 57 68 |
| | Dark Gravel & Sand 68 72 Conglomerate Clay Pea Gravel 72 98 |
| (6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd | Congression Carlo |
| ● ○ 12 × 2 55 250 ● ○ × □ | |
| 10 36 58 .250 | |
| ○ 10 | TO THE DAY OWED |
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| | |
| Shoe Inside Outside Other Location of shoe(s) | May 7.1.2019 |
| Temp casing Yes Dia 16 From 0 To 20 | WING THE STATE OF |
| (7) PERFORATIONS/SCREENS | |
| Perforations Method | SALEM, QP |
| | |
| Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size | Date Started 04-03-2014 Completed 04-09-2014 |
| Screen Liner Dia From To width length slots pipe size Screen 10 58 78 .03 | (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. |
| (O) WELL TESTS M: | 1 " |
| (8) WELL TESTS: Minimum testing time is 1 hour | License Number Date Password : (if filing electronically) |
| Pump Bailer Air Flowing Artesian | Signed |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 350 95 1 | (bonded) Water Well Constructor Certification |
| | I accept responsibility for the construction, deepening, alteration, or abandonmer |
| | work performed on this well during the construction dates reported above. All wor |
| Temperature 58° °F Lab analysis Yes By | performed during this time is in compliance with Oregon water supply we |
| Water quality concerns? Yes (describe below) | construction standards. This report is true to the best of my knowledge and belief. |
| From To Description Amount Units | License Number 1714 Date 04-15-2014 |
| | Password (Ffiling electronically) Signed Dur (Glanner) |
| | Contact Info (optional) |