

Malh  
54192

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

WELL LABEL # L 114881  
START CARD # 1025218

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
First Name Tony Last Name Barrett  
Company Barrett Ranches  
Address 3540 Highway 95  
City Jordan Valley State OR Zip 97910

(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 450 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	40	Bentonite Chips	0	40	35	S
8	40	450					

How was seal placed: Method  A  B  C  D  E  
 Other Slow pour from top  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER  
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	40	.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 12 From +1 To 19

(7) PERFORATIONS/SCREENS  
Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/ Screen  
reen Liner Dia From To Scrm/slot Slot # of Tele/  
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)  

10		400	1
----	--	-----	---

Temperature \_\_\_\_\_ °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 32 S N/S Range 40 E E/W WM  
Sec 10 SE 1/4 of the SE 1/4 Tax Lot 2100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or 42.7864 DMS or DD  
Long \_\_\_\_\_ " or -117.7892 DMS or DD  
 Street address of well  Nearest address

3540 Highway 95, eight miles west.

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)  
Existing Well / Predeepening \_\_\_\_\_  
Completed Well 12-31-2014 \_\_\_\_\_ 77  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-31-2014	205	258	10		77

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	30
Lava Rock Black	30	86
Reddish Lava Rock	86	102
Lava Rock Hard	102	120
Lava Rock Red Color	120	130
Reddish Lava Rock	130	144
Black Lava	144	152
Red Lava	152	178
Lava Rock Black	178	205
Lava Rock Black Fractured	205	230
Lava Rock Reddish Fractured	230	242
Lava Rock w/Tan Clay Frac	242	258
Tan Clay Hard	258	305
Tan Clay Hard	305	400
Tan Clay Hard	400	450

Date Started 12-17-2014 Completed 12-31-2014

(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 FEB 05 2015  
Password: (if filing electronically) \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification **SALEM, OR**  
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 1714 Date 1-8-15  
Password: (if filing electronically) \_\_\_\_\_  
Signed David Adamson  
Contact Info (optional) \_\_\_\_\_

ORIGINAL WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OR