

MALH 54206

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

MALH 54206

WELL LABEL # L 114926

START CARD # 211240

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name NICK Last Name DEVOS  
Company \_\_\_\_\_  
Address 2542 10th Ave W  
City Vale State OR Zip 97918

(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  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)

Depth of Completed Well 200 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
18"	0	13.5'	Bentonite	0	20'	30 sacks	50 lbs
17"	13.5'	20'	3/8 chips				
12"	20	200					

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 \_\_\_\_\_

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		12"	+	18"	32'	1/4" wall	X		X	
				Above ground						

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/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)
300	26'	100'	4 hr.

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 17 N or S Range 43 E or W W.M.  
Sec 12 SE 1/4 of the NW 1/4 Tax Lot 4500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat 44° 10' 69.38" or \_\_\_\_\_ DMS or DD  
Long 117° 39' 74.96" or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 2455 9th Ave W

(10) STATIC WATER LEVEL

Existing Well/Predeepening	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>Aug 6</u>			<u>55'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 62'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>July 29</u>	<u>62'</u>	<u>63'</u>				<u>55'</u>
	<u>91'</u>	<u>98'</u>				<u>no</u>
	<u>125'</u>	<u>128'</u>				<u>Change</u>

(11) WELL LOG

Ground Elevation 2548

Material	From	To
top soil		4'
hard pan	0	4'
Brown clay mix fine gravel	5'	13'
Hard Brn. clay	13'	33'
Lt. Brn. clay fine gravel	33'	40'
fn. gravel	40'	41'
Lt. Brn. clay fine gravel	41'	53'
Brown clay	53'	62'
fine gravel	62'	63'
Brown clay	63'	91'
fine gravel	91'	98'
Brown clay	98'	116'
sand - fine gravel	116'	120'
Brown clay	120'	125'
fine gravel	125'	128'
Brown clay - fine sand	128'	200'

Date Started July 26, 2014 <sup>seams</sup> Completed Aug 6 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.

RECEIVED BY OWRD

MAR 26 2015

License Number \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ SALEM, OR

(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 \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Contact Info. (optional) \_\_\_\_\_