

4/25/2015

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company 4D FARMS
 Address 225 N 520E
 City RUPERT State ID _____ Zip 83350

(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/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 555.00 ft.
BORE HOLE SEAL sacks/
 Dia From To Material From To Amt lbs

24	0	54	Bentonite Chips	0	54	115	S
20	54	555				Calculated	93.75
						Calculated	

How was seal placed: Method A B C D E
 Other **POURED**
 Backfill placed from 520 ft. to 555 ft. Material **PEA GRAVEL**
 Filter pack from 54 ft. to 520 ft. Material **PEA GRAV** Size 3/8
 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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	1.5	140	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input checked="" type="checkbox"/>	1	56	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	200	260	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	380	410	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	510	520	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type Johnson Wirewrap Material Stainless Steel
 Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots pipe size

Screen	Casing	16	140	200	.1			16
Screen	Casing	16	260	380	.1			16
Screen	Casing	16	410	510	.1			16

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

1950		520	30
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 Temperature 70 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount
 From To Description Amount Units

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(9) LOCATION OF WELL (legal description)
 County MALHEUR Twp 17.00 S N/S Range 44.00 E E/W WM
 Sec 28 SW 1/4 of the NW 1/4 Tax Lot 8400
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.06533000 DMS or DD
 Long _____ " or -117.34043000 DMS or DD
 Street address of well Nearest address
 6TH AVE WEST, VALE, OR

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration		
Completed Well	4/17/2015	124

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 124.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/26/2015	124	520	1950		124

(11) WELL LOG Ground Elevation _____

Material	From	To
Brown Clay	0	38
Gravel Streak	38	39
Brown Clay Sandy	39	65
Brown Clay Sandy with shale strips	65	85
Brown Clay Sandy with shale layers	85	89
Sticky Brown Clay	89	98
Sand Cemented	98	105
Sand Cemented	105	110
Coarse Brown Sand & Gravel	110	119
Brown Clay with Sand Streaks	119	125
Sand and Clay Streaks loose	125	146
Sand with some clay streaks	146	200
Brown Clay	200	215
Blue Clay	215	228
Brown Clay	228	263
Sand with some clay streaks	263	320
Coarse sand & gravel	320	329
Sand with some clay streaks	329	386
Blue Clay	386	420

Date Started 3/25/2015 Completed 4/17/2015
(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 1914 Date 4/25/2015
 Signed DAVID MCLERAN (E-filed)
 Contact Info (optional) David McLeran

WATER SUPPLY WELL REPORT - continuation page

MALH 54215

WELL I.D. LABEL# L

LOST

~~106333~~ 113268

START CARD #

1025871

ORIGINAL LOG #

4/25/2015

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs
				Calculated				
				Calculated				
				Calculated				
				Calculated				

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	Scrns/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)

(10) STATIC WATER LEVEL

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

(11) WELL LOG

Material	From	To
Fine Sand with blue clay streaks	420	471
Sand & Gravel	471	507
Blue Clay	507	555

Comments/Remarks

Large empty box for comments and remarks.

SEP 01 2017



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 SALEM, OR

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

I. OWNER INFORMATION

Current Owner Name (please print): LOWER SNAKE RIVER PROPERTIES
Mailing Address: 707 E 600 N.
City, State, Zip: RUPERT IDAHO 83350
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)
Name & Address: WELL ID TAG ISSUED BY WELL INSPECTOR
City, State, Zip: L 113268

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

Township: 17 (North/South) Range: 44 (East/West) Section: 28 SW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 8400 County MALHEUR
GPS Coordinates: 44.06535 -117.34040
Street Address of Well, City: 6TH AVE WEST, VALE OREGON
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): 4-17-2015 Total Well Depth: 555 Casing Diameter: 16"
Owner at time the well was constructed (if known): 40 FARMS Well Log # (if known): MALH 54215
Other Information: WELL Log included

SUBMITTED BY (please print): ROBERT O. MAYNARD (STATE WELL INSPECTOR)
PHONE: 541-519-7455 EMAIL &/or FAX: ROBERT.O.MAYNARD@OREGON.GOV

* ORIGINAL WELL ID TAG LOST

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.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
9-1-17

Well Log Number:
MALH 54215

Well Identification #:
L 113268

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