

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

WELL I.D. LABEL # L 114895
START CARD # 1026728
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name Bernie Last Name Babcock
Company Treasure Valley Community College
Address 650 College Blvd.
City Ontario State OR Zip 97914

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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

Depth of Completed Well 128 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
25	0	20	Bentonite Chips	0	20	61	S
12	20	128			Calculated	60	
					Calculated		

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 128 ft. to 5 ft. Material Silica Sand Size 16/30

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Pounds Actual Amount _____ Pounds

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	12	☒	1	48	250	☒	☒	☒	☒
☒	8	☒	2	48	250	☒	☒	☒	☒

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

(7) PERFORATIONS/SCREENS

Perforations Method		Screens Type		Material			
Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length
Screen	Liner		8	48	128	.02	

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
125		60	1

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 101

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 18 S N/S Range 47 E E/W WM
Sec 9 NW 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or 44.01639 DMS or DD
Long _____ " or -116.9747 DMS or DD
☐ Street address of well ☒ Nearest address

650 College Blvd. Ontario OR 97914

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	06-19-2015			21

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
06-19-2015	40	52				21
06-19-2015	78	91				21
06-19-2015	100	104				21
06-19-2015	107	130				21

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sod and Top Soil	0	2
Clayey Soil	2	18
Silty Clayey Soil	18	20
Sandy Clay Blue	20	32
Hard Blue Clay	32	35
Blue Sand & Gravel	35	40
Blue Clay	40	52
Fractured Blue Clay	52	58
Blue Clay	58	78
Silty Blue Clay	78	91
Very Hard Blue Clay	91	100
Frac. Blue Clay w/fine Sand	100	104
Hard Blue Clay	104	107
Frac. Blue Clay w/fine Sand	107	120
Frac. Blue Clay and fine Sand	120	130

Date Started 06-11-2015 Completed 06-19-2015

(unbonded) Water Well Constructor Certification

I certify that the work performed on this well during 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 JUL 02 2015

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 1714 Date 06-26-2015

Signed David Williamson

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: 0.95