

MALH 54249

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

MALH 54249

WELL LABEL # L 115855

START CARD # 1026299

(1) LAND OWNER Owner Well I.D. _____

First Name Jon Last Name Watson
Company J.C. Watson Company
Address P.O. Box 300
City Parma State ID Zip 83660

(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 338 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
24	0	345	Bentonite	0	50	10,000 P
			CALCULATED			6,400 P

How was seal placed: Method A B C D E
 Other Dry pour
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 50 ft. to 345 ft. Material Sand Size 8/16
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		2	139	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		189	286	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		306	323	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		333	338	.375	<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 _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type Wire Wrap Material Stainless

Perf/S	Casing/	Screen	Casing/	Screen	Scrnm/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Casing	16	139	189	.03			
Screen	Casing	16	286	306	.03			
Screen	Casing	16	323	333	.03			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800	259	280	9

Temperature 67 °F Lab analysis Yes By TDS 530
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 21 S N/S Range 46 E E/W WM
Sec 16 NE 1/4 of the SW 1/4 Tax Lot 2400
Tax Map Number _____ Lot _____
Lat _____ " or 43.7440474 DMS or DD
Long _____ " or -117.11057432 DMS or DD
 Street address of well Nearest address
4.707' Southwest of the intersection of Mendiola Rd and Clover

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	06-15-2015		126

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 126

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
DRILLING FLOODED REVERSE ALL ZONES = 800 gpm					

(11) WELL LOG

Material	From	To
Top soil	0	8
Burnt clay, caliche	8	14
Coarse brown sand	14	23
Burnt brown clay	23	25
Medium-coarse brown sand	25	29
Burnt brown clay	29	33
Coarse brown sand	33	164
Sandstone	164	165
Sandstone with fine sand layers	165	171
Small gravel	171	185
Fine - coarse brown sand	185	189
Sandy brown clay	189	213
Blue clay	213	289
Large gravel	289	294
Fine - coarse blue sand	294	304
Blue clay	304	321
Fine - coarse blue sand	321	333
Blue clay	333	345

Date Started 05-08-2015 Completed 06-15-2015

(unbonded) Water Well Constructor Certification

I certify that the work I performed on 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
JUL 21 2015
License Number _____ Date _____
Password: (if filing electronically) _____
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 1505 Date 6/11/15
Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____