

STATE OF OREGON
WATER SUPPLY WELL REPORT

MALH 54260

WELL I.D. LABEL# L 115847
START CARD # 1026224
ORIGINAL LOG #

(as required by ORS 537.765 & OAR 690-205-0210)

(1) LAND OWNER
Owner Well I.D. _____
First Name JEFF Last Name PALMER
Company WILKS RANCH OREGON LTD
Address 4945 WILLOW CREEK RD
City IRONSIDE State OR Zip 97913

(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 Thrld
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 700.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
24	0	18	Cement	0	18	35 S
20	18	45			Calculated	15
18	45	360	Cement	0	360	570 S
13	360	605			Calculated	292

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	1	360	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	1	605	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	0	45	.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 _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrnm/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)
1100	0	0	1

Temperature 96 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 14.00 S N/S Range 39.00 E E/W WM
Sec 14 SW 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
4945 WILLOW CREEK RD IRONSIDE OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8/16/2015	26	

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 6.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/16/2015	605	700	1100	26	<input checked="" type="checkbox"/>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	1
Tan clay	1	6
Gravel	6	18
Brown clay / gravel	18	60
Brown clay / sand	60	105
Tan clay	105	162
Gravel / clay	162	190
Gravel / green clay	190	203
Gravel / clay	203	385
Gravel / green clay	385	440
Gravel / tan clay	440	600
Fractured Basalt	600	700

RECEIVED BY OWRD

SEP 21 2015

Date Started 5/11/2015 Completed 8/16/2015 SALEM, OR

(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 1943 Date 9/14/2015
Signed TRINITY L VILLINES (E-filed)
Contact Info (optional) _____

