

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

WELL I.D. LABEL# 118133
START CARD # 211441
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name Dick Last Name Jenkins
Company _____
Address 1234 SW 7
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 57 ft. Special Standard ☐ (Attach copy)

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	18	Bentonite	0	18	700	P
6	18	58				Calculated	382.35
						Calculated	

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 _____ Pounds Actual Amount _____ Pounds

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 58
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method torch

Screens Type _____		Material _____					
Perf/S	Casing/Screen	Perf	Casing	Perf	Casing	Perf	Casing
6	54	58	.188	5	95	6	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60		58	2

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 345

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 SW 1/4 Tax Lot 4600

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

1407 Alameda Ontario Or 97914

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	08-02-2016		16

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 42

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

08-02-2016	42	58	60		16
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(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clay	0	42
Sand and Gravel	42	59

RECEIVED

JAN 31 2017

**WATER RESOURCES DEPT
SALEM, OREGON**

Date Started 08-02-2016

Completed 08-02-2016

(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 682 Date 01-31-2017

Signed [Signature]

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

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

ORIGINAL LOG #

Zip 97914

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