AMENDED 10-14-2020 & 4/2/2025

MALH 54422

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

WELL I.D. LABEL# L ~~118136~~ 118135
START CARD # ~~211446~~ 211445
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. 2
First Name _____ Last Name _____
Company Huntington Travel Plazza
Address 486 NW 9th St
City Ontario State Or Zip 97914

(2) TYPE OF WORK

[X] 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

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[X] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [X] Other Test

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 62 ft.

BORE HOLE

Dia	From	To
10	0	34
6	34	62

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	18	550	
		Calculated	400	
			Calculated	

How was seal placed: Method [ ]A [ ]B [X]C [ ]D [ ]E
[X] Other Bentonite
Backfill placed from _____ ft. to _____ ft. Material Colorado Silica Sand
Filter pack from 18 ft. to 34 ft. Material Sand Size 6/9
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
●		6		1	49	.250	●		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 49
Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch
Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	45	49	.188	5		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)
20		60	4
75	39	60	6

Temperature 59 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount _____

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 15 S N/S Range 45 E E/W WM
Sec 4 ~~NW~~ SE 1/4 of the ~~SE~~ NE 1/4 Tax Lot ~~306~~ 900
Tax Map Number _____ Lot _____
Lat 44 ° 17 ' 42.40~~6~~5 " or 44.29511111 DMS or DD
Long -117 ° 13 ' 42.70~~6~~ " or -117.22852778 DMS or DD
(●) Street address of well ( ) Nearest address
5945 Hwy 30 Huntington Or 97907

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	10-31-2017			36

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-31-2017	40	49	30			36

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	6
Brwon Sandy Clay	6	17
Sand	17	28
Sand and Gravel	28	48
Blue Clay	48	62

RECEIVED
MAR 26 2018
OWRD

Date Started 10-27-2017 Completed 10-31-2017

(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 11-02-2017
Signed _____
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