

(1) LAND OWNER Owner Well I.D. _____
First Name VERNON Last Name KEFFER
Company _____
Address 1043 US HWY 20-26
City ONTARIO State OR Zip 97914

(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 160.00 ft.
BORE HOLE SEAL sacks/
Dia From To Material From To Amt lbs
10 0 20 Bentonite Chips 0 20 18 S
6 20 49 Calculated 10
12 49 75 Cement 49 75 13 S
6 75 160 Calculated 13

How was seal placed: Method A B C D E
 Other POUR
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
 6 2 75 .250
 4.5 20 120 sdr17
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type certa-lok Material pvc
Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/ width length slots pipe size
Screen Liner 4.5 120 160 .02 11 7000 4.5

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
43 _____ 160 2
Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 335 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 18.00 S N/S Range 46.00 E E/W WM
Sec 29 NW 1/4 of the NE 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or 43.98069400 DMS or DD
Long _____ " or -117.11456700 DMS or DD
 Street address of well Nearest address
1043 US HWY 20-26 ONTARIO 97914

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 3/17/2018 _____ 29
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 18.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
3/17/2018 118 145 43 _____ 29

(11) WELL LOG Ground Elevation _____
Material From To
clay brown 0 18
clay brown/ sand 18 25
sand/gravel 25 35
clay brown/ sand 35 49
clay blue 49 118
blue/ tan sandstone 118 145
clay blue 145 160

Date Started 2/20/2018 Completed 3/17/2018
(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 3/17/2018
Signed TRINITY VILLINES (E-filed)
Contact Info (optional) _____