

MALH 54494

WELL I.D. LABEL# L 118137

START CARD # 211447

ORIGINAL LOG #

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

(1) LAND OWNER

Owner Well I.D. _____
 First Name Larry Last Name Wendt
 Company _____
 Address 391 Bass
 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 Thrd
 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 34 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Bentonite	0	18	600	P
6	18	35			Calculated		
					450	450	
					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 ☐ No 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) 24
 Temp casing ☒ Yes ☐ No Dia 10 From 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method TorchScreens Type SlottedMaterial PVC

Perf/S	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
green	Liner							
Perf	Casing	6	21	24	.188	5	29	6
Screen	Liner	4.5	14	24	.02			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)
40		35	2

Temperature 60 °F Lab analysis ☐ Yes ☐ No By _____Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 15 S N/S Range 47 E E/W WM
 Sec 28 NW 1/4 of the NW 1/4 Tax Lot 2800
 Tax Map Number _____ Lot _____
 Lat 44 ° 14 ' 422 " or 44.35055556 DMS or DD
 Long -116 ° 59 ' 144 " or -117.02333333 DMS or DD

☒ Street address of well ☐ Nearest address

5578 Quinlan Rd. Ontario OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	08-05-2019		7

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 14

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
08-05-2019	14	24	40		7

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Sandy Clay	0	14
Sand and Gravel	14	24
Blue Clay	24	35

RECEIVED

AUG 28 2019

OWRD

Date Started 08-02-2019Completed 08-05-2019

(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 682 Date 8/7/19

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 08-06-2019

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