

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

MALH 54523
4/19/2020

WELL I.D. LABEL# 129584
START CARD # 1046901
ORIGINAL LOG # _____

(1) LAND OWNER
 Owner Well I.D. _____
 First Name AARON Last Name LEBOUTILLER
 Company _____
 Address 797 NW 12TH ST
 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:

				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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 60.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
12	0	60	Bentonite Chips	0	40	25 S
						Calculated 20
						Calculated

How was seal placed: Method A B C D E
 Other CHIP BENTONITE

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"/>	8	<input checked="" type="checkbox"/>	2	50	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type alloy stainless Material stainless steel

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrnm/ slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	50	60	.02			8

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
35	20	60	1

 Temperature 51 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 380 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County MALHEUR Twp 18.00 S N/S Range 47.00 E E/W WM
 Sec 4 SW 1/4 of the NW 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
LOT BETWEEN 797 NW 12TH ST AND 601 NW 12TH ST

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	4/17/2020			40

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 40.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
4/17/2020	40	60	35			40

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil	0	2
brown clay	2	37
gravel	37	60

Date Started 4/16/2020 Completed 4/17/2020
(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 2004 Date 4/19/2020
 Signed BEN MCLERAN (E-filed)
 Contact Info (optional) Bens Well Drilling and Repair