

STATE OF OREGON
WATER SUPPLY WELL REPORT

MALH 54651

WELL I.D. LABEL# L 106346
START CARD # 1056615
ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER
Owner Well I.D. _____
First Name Kyle Last Name Wieland
Company Oregon State University
Address 595 Onion Ave
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 104 ft.
BORE HOLE
Dia From To Material SEAL To Amt sacks/lbs
10 0 46 Bentonite Chips 0 46 1,450 P
6 46 104 Calculated 903.7
Calculated _____

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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 6 2 76 .250
 5 73 79 .258
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Johnson Material Stainless
Perf/S Casing/ Screen Scrn/slot Slot # of Tel/
reen Liner Dia From To width length slots pipe size
Screen 5 79 104 .02 _____ 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 80 1
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 295 ppm
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 30 NW 1/4 of the 1/4 Tax Lot 1300
Tax Map Number _____ Lot _____
Lat _____ " or 43.98081 DMS or DD
Long _____ " or -117.02453 DMS or DD
 Street address of well Nearest address
595 Onion Ave., Ontario, Or 97914

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 05-14-2022 _____ 42
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 44
SWL Date From To Est Flow SWL(psi) + SWL(ft)
05-14-2022 48 104 40 _____ 42

(11) WELL LOG Ground Elevation 2,159
Material From To
Brown Sandy Clay 0 26
Cemented Gravel 26 41
Brown Clay 41 48
Cemented Sand w/clay & gravel 48 104
RECEIVED
MAY 23 2022
OWRD
Date Started 05-13-2022 Completed 05-17-2022

(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 1914 Date 05-23-2022
Signed David McLeran, McLeran Well Drilling
Contact Info (optional) _____