

STATE OF OREGON
WATER SUPPLY WELL REPORT

MALH 54674

WELL I.D. LABEL# L

140022

START CARD #

1058296

ORIGINAL LOG #

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

9/6/2022

(1) LAND OWNER

Owner Well I.D. _____

First Name STEVELast Name DEROIN

Company _____

Address 2175 GRAHAM BLVDCity VALE State OR Zip 97918**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
 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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 204.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	28	Bentonite Chips	0	28	32	S
6	28	204			Calculated	22.52	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POUR DRY

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	☒	1.5	38.5	.250	☐	☐	☒	☐
☐	☒	4.5	☐	24	204	SDR17	☐	☒	☐	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type 20 slot Material PVC

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen	Liner		4.5	84	124	.02			4.5
Screen	Liner		4.5	184	204	.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)
7		204	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 427 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County MALHEUR Twp 18.00 S N/S Range 44.00 E E/W WMSec 28 SE 1/4 of the NW 1/4 Tax Lot 700

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.97790100 DMS or DD

Long _____ ° _____ ' _____ " or -117.33879400 DMS or DD

☒ Street address of well ☐ Nearest address2175 GRAHAM BLVD, VALE, OR 97918**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/2/2022			53
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 84.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/2/2022	84	120	7			53

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	4
gravel	4	22
brown clay	22	50
blue clay	50	80
blue clay fractured	80	120
blue clay	120	204

Date Started 9/1/2022Completed 9/2/2022**(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 1818 Date 9/6/2022Signed DANIEL MCLERAN (E-filed)

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:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

