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MAY 01 2023
OWRD

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

WELL I.D. LABEL# L 146881
START CARD # 218726
ORIGINAL LOG #

MALH 54703

(1) LAND OWNER
Owner Well I.D.
First Name Eric Last Name White
Company
Address 2257 Hwy 201
City Nyssa State OR Zip 97913

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well 500 ft.

BORE HOLE

Dia	From	To
10	0	18
6	18	500

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	18	8	S
		Calculated	8.22	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured & Hydrated
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	☒	2.5	97.5	0.25	●	○	☒	☐
○	●	4.5	☐	20	500	SDR 17	○	●	☐	☐
							○	○	☐	☐
							○	○	☐	☐
							○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From + ☐ To

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type Material

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	100	500	.02	3	1.000	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10		500	1

Temperature 67 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 670 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County MALHEUR Twp 21 S N/S Range 46 E E/W WM
Sec 12 SE 1/4 of the SE 1/4 Tax Lot 1000
Tax Map Number Lot
Lat ° ' " or 43.75349 DMS or DD
Long ° ' " or -117.039059 DMS or DD
◯ Street address of well ◯ Nearest address
Beaumont St, Nyssa

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	04-06-2023			89

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-03-2023	160	161	3			89
04-03-2023	170	171	.5			89
04-03-2023	190	191	.5			89
04-04-2023	295	296	.5			89
04-04-2023	315	316	.5			89

(11) WELL LOG
Ground Elevation

Material	From	To
Sand	1	13
Tan Clay	13	27
Sandy Tan Clay	27	38
Tan Clay	38	44
Sandy Tan Clay	44	63
Tan Clay	63	93
Blue Clay	93	160
Hard Blue Clay	160	161
Blue Clay	161	170
Hard Blue Clay	170	171
Blue Clay	171	190
Hard Blue Clay	190	191
Blue Clay	191	295
Hard Blue Clay	295	296
Blue Clay	296	315
Hard Blue Clay	315	317
Blue Clay	317	450
Hard Blue Clay	450	451
Blue Clay	451	500

Date Started 04-01-2023 Completed 04-06-2023

~~(unbonded) Water Well Constructor Certification~~ OWRD Rep

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~~ WC11 Inspector Date 4/14/2023
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 Date 4/6/23
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

WATER SUPPLY WELL REPORT - continuation page

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(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
04-04-2023	450	452	5			89

(11) WELL LOG

Material	From	To

Comments/Remarks

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