Amended 4/5/2024

**STATE OF OREGON**
**WATER SUPPLY WELL REPORT**
**(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)**

**WELL I.D. LABEL# L** 153904
**START CARD #** 1072981
**ORIGINAL LOG #** MALH 54743

**MALH 54756**

## (1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company Treasure Valley Grain

Address 255 King Ave

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 Abd in place

## (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 _____ ft.

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

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

Backfill placed from 21 ft. to 38 ft. Material Pea Gravel

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Seal Placement Begin Date 3/20/2024 Begin Time 12:00 PM

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount 950 LB Actual Amount 950 Lb

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |
| ○ | ○ | | ☐ | | | | ○ | ○ | ☐ | ☐ |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ + ☐ To _____

## (7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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## (8) WELL TESTS: Minimum testing time is 1 hour

○ Pump ○ Bailer ○ Air ○ Flowing Artesian

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

Temperature _____ °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount _____

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County Malheur Twp 19 S N/S Range 47 E E/W WM

Sec 32 NW 1/4 of the SE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat ___ ° ___ ' ___ " or 43.87153267 DMS or DD

Long ___ ° ___ ' ___ " or -116.9962791 DMS or DD

◉ Street address of well ○ Nearest address

255 King Ave, Nyssa Or 97913

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | 3/20/2024 | | ☐ | 14.8 |
| Completed Well | | | ☐ | |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
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RECEIVED
MAR 25 2024
OWRD

Construction Begin Date 3/20/2024 Begin Time 11:30 AM End Date 3/20/2024

**(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 3/25/2024

Signed D.HIBBARD MCLERAN WELL DRILLING LLC

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

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