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 153905
START CARD # 1072982
ORIGINAL LOG # MALH 54744

MALH 54757

(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 12:30 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/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

(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 43.87138889 DMS or DD
Long ___ ° ___ ' ___ " or -116.9962616 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

RECEIVED
MAR 25 2024
OWRD

Construction Begin Date 3/20/2024 Begin Time 12:00 pm 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.