

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 153906
START CARD # 1072983
ORIGINAL LOG # MALH 54745

(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

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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/ Commercial ☐ Livestock ☒ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☒ (Attach copy)

Depth of Completed Well _____ ft.

BORE HOLE SEAL
Dia From To 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 1:00 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/ Casing/ Screen
Screen Liner Dia From To Scrm/slot Slot # of Tele/
width length slots 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 43.87140137 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 15.1
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 12:30 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