

STATE OF OREGON
WATER SUPPLY WELL REPORT

MALH 54784

WELL I.D. LABEL# L 115874

START CARD # 1073056

ORIGINAL LOG #

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

6/10/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company JC WATSON COMPANY

Address PO BOX 300

City PARMA State ID _____ Zip 83660

(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 _____

(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 95.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
24	0	100	Bentonite Chips	0	21	5000 P
					Calculated	2720
					Calculated	

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: OVERBORE/DRY POUR

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 21 ft. to 100 ft. Material SAND Size 8/12

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 4/8/2024 Begin Time 15:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(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 Wire Wrap

Material Stainless Steel

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	16	21	51	.03			
Screen	Casing	16	55	65	.03			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	42	65	4

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 280 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MALHEUR Twp 20.00 S N/S Range 46.00 E E/W WM

Sec 14 NE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 43.83792762 DMS or DD

Long _____ " or -117.05978090 DMS or DD

☐ Street address of well ☒ Nearest address

0.2 MILES WEST OF GRAND AVE AND FAIRVIEW DR NYSSA OR 97913

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	5/15/2024			23
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
3/29/2024	23	24				23
4/1/2024	26	37				23
4/3/2024	37	43				23
4/5/2024	57	63				23

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	8
Caliche	8	11
Gravel	11	19
Brown clay	19	21
Medium brown sand	21	24
Brown clay	24	26
Gravel	26	37
Med brown sand, clay streak @37'	37	43
Cemented gravel	43	51
Brown clay	51	57
Cobble stones	57	63
Brown clay	63	84
Blue clay	84	100

Construction

Begin Date 3/20/2024 Begin Time 08:00 End Date 5/15/2024

(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 2084 Date 6/10/2024

Signed RORY DAVIS (E-filed)

(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 1505 Date 6/10/2024

Signed TERRY DAUGHERTY (E-filed)

Contact Info (optional) Riverside Inc.

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.

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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

