

STATE OF OREGON
WATER SUPPLY WELL REPORT

MALH 54817

WELL I.D. LABEL# L

152355

START CARD #

1076863

ORIGINAL LOG #

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

4/21/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHARDLast Name EIGUREN

Company _____

Address 3635 AROCK RDCity AROCKState ORZip 97902**(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
					☐	☐	☐	☐

Seal:

Material	From	To	Amt	sacks/lbs

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 304.00 ft.

BORE HOLE				SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt	
10	0	304	Bentonite Chips	0	14	9	S
			Calculated			7	
			Cement	14	180	43	S
			Calculated			39	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: SLOW POUR

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

Filter pack from 180 ft. to 304 ft. Material PEA GRAVEL Size 1/8 minExplosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 3/31/2025 Begin Time 13 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	6	☒	2	284	0.250	ST	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 30**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Wire wrapMaterial Stainless steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		6	284	304	.025			

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	75		280	1

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 234 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County MALHEUR Twp 31.00 S N/S Range 42.00 E E/W WMSec 2 SW 1/4 of the NW 1/4 Tax Lot 502

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 42.89536000 DMS or DD

Long _____ ° _____ ' _____ " or -117.54909000 DMS or DD

☐ Street address of well ☒ Nearest address3625 AROCK RD, AROCK**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	4/1/2025			224
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 20.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3/11/2025	20	26	12			15
3/11/2025	88	120	25			15
3/25/2025	294	304	100			224

(11) WELL LOGGround Elevation 3791.55 FT

Material	From	To
Top soil	0	5
Gravel	5	16
Gravel and brown clay	16	20
Pea gravel and sand	20	26
Tan clay	26	88
Brown sandstone	88	120
Tan clay	120	170
Basalt	170	294
Fractured basalt	294	304

Construction

Begin Date 3/11/2025 Begin Time 00 00 End Date 4/1/2025**(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 1714 Date 4/21/2025Signed DAVID ADAMSON (E-filed)Drilling Company: Adamson Pump & Drilling, 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.

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
JOSH YOUNG	HELPER WATER	8888967

Comments/Remarks

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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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4/21/2025

Map of Hole

