

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

WELL LABEL # L 97469START CARD # 199768

(1) LAND OWNER Owner Well I.D. #2
First Name Daniel Last Name Hartth
Company Bow Creek Quarter Horse Ranch LLC
Address 60959 Hwy 244
City La Grande State OR Zip 97847

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 208 ft.

BORE HOLE SEAL
Dis From To Material From To Amt sacks/lbs
14 0 208 Cement 0 56 36 36
12 0 208

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

Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
10 10 12 30 120 2 1 1 1

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 55
Temp casing ☒ Yes Dia 14 From 0 To 14

(7) PERFORATIONS/SCREENS
Perforations Method Material
Screens Type
Perf/S Casing/Screen
green Liner Dia From To Scrn/slot Slot # of Tel/
width length slots pipe size
NONE

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
350 20.6 240

Temperature 54 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Union Twp 25 N/S Range 36E E/W WM
Sec 15 1/4 of the SE 1/4 Tax Lot 700
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
☒ Street address of well ☐ Nearest address

60959 Hwy 244

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 13.108 27
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 200
SWL Date From To Est Flow SWL(psi) + SWL(ft)
12-08-08 199 208 360 271

(11) WELL LOG Ground Elevation
Material From To
Top Soil 0 2
Brown Clay & Gravel 2 12
Black Basalt 12 60
Blue Rock 60 93
Gray Rock 93 110
Brown Basalt 110 130
Black Basalt 130 208
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JAN 15 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-26-08 Completed 12-02-08

(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 1640 Date 1-10-09
Password: (if filing electronically)
Signed Robert W. Stiff

(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 415 Date 1-10-09
Password: (if filing electronically)
Signed Robert W. Stiff
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
RECEIVED BY OWRD
Form Version: 0.89

JAN 08 2014

SEP 09 2013

SALEM, OR

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STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 97470START CARD # 199774

(1) LAND OWNER Owner Well I.D. 23
 First Name Daniel Last Name Heath
 Company Deer Creek Quarter Horse Ranch
 Address 5595 Hwy 244
 City LaGrande State OR Zip 97120

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 194 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
14	0	55	Concrete	0	55	80	80
10	55	194					

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

☐ Other

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plat	Wld	Thrd
☒	10	0	194	12	12	12	12	12

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) RV

Temp casing ☒ Yes Dia 14 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Per/S	Casing/Screen	Dia	From	To	Screen slot width	Slot length	# of slots	Tel. pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 350 Drawdown 190 Drill stem/Pump depth 200 Duration (hr) 200

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Temperature 54°F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Union Twp 36 N/S Range 26E E/W WM
 Sec 14 1/4 of the 36 1/4 Tax Lot 700
 Tax Map Number Lot
 Lat " or DMS or DD
 Long " or DMS or DD

☒ Street address of well ☐ Nearest address

5595 Hwy 244 LaGrande OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening Date SWL (psi) + SWL (ft)
 Completed Well 12-10-08 24
 Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 181

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
12-10-08	181	194	300		24

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	2
Brown Clay & Gravel	2	20
Black Gravel	20	59
Blue Rock	59	92
Brown Gravel clay zone	92	137
Black Gravel	137	181
Fractured Black Gravel	181	194

RECEIVED

JAN 15 2009

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 1-2-08 Completed 12-10-08

(unbonded) Water Well Constructor Certification

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License Number 1640 Date 1-10-09

Password: (if filing electronically)

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 415 Date 7-10-09

Password: (if filing electronically)

Signed

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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