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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

MAR 22 2002

WELL I.D. # L 151739
START CARD # 144598

Instructions for completing this report are on the back of this form.

(1) LAND OWNER
Name: GI Ranch
Address: 162624 Lister Rd
City: Paulina State: OR Zip: 97751

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 400 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
22	0	18	bentonite	0	18	22 sacks
16	18	182				
14	182	400				

How was seal placed: Method A B C D E
 Other poured dry & tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 100 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 50° Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? NO Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Crook Latitude _____ Longitude _____
Township 20S N or S Range 22E E or W. WM.
Section 28 SE 1/4 SE 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) GI Ranch Rd Hwy 20

(10) STATIC WATER LEVEL:
22.5 ft. below land surface. Date 3-1-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35	400	1200	22.5

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil sandy brn	0	1	
clay brn	1	32	
sand pumice med	32	52	22.5
clay sand brn	52	60	
sand med	60	80	22.5
pumice sand	80	95	
sand med brn	95	130	22.5
clay sand	130	150	
sand med, pumice	150	170	22.5
clay sand brn	170	190	
rock blk clay green	190	212	22.5
clay sand brn	212	330	
sand med brn	330	400	22.5

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Date started 2-19-02 WATER RESOURCES DEPT
Completed _____ SALEM, OREGON

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WWC Number 1424
Signed Timothy K. Reby Date 3-18-02



WELL LABEL # L 83210
 START CARD # 185140

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company GI Ranch
 Address 162624 Listor Rd
 City Paulina State OR Zip 97751

(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 168.00 ft.

BORE HOLE			SEAL			sacks	
Dia	From	To	Material	From	To	Amnt	lbs
22	0	18	Granular Bentonite	0	18	40	S
16	18	168					

How was seal placed: Method A B C D E
 Other poured dry and tam
 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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18		1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16		1	80	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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/ Liner	Screen Dia	From	To	Sem/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)
 100 0 _____

Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Crook Twp 20.00 S N/S Range 22.00 E E/W WM
 Sec 26 NW 1/4 of the SW 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or _____ DMS or DD
 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well _____ Nearest address _____

GI Ranch Rd

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-23-2006		13.5

 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 30

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
05-23-2006	30	168	1,000		13.5

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil clay loam	0	3
clay brn	3	30
sand/gravel clay	30	50
clay/sand/gravel	50	80
clay/sand	80	117
rock blk broken, hard & soft with talac	117	166
rock blk solid	166	168

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WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-15-2006 Completed 05-23-2006

(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 _____
 Electronically Filed
 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 1424 Date 06-02-2006
 Electronically Filed
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____

STATE OF OREGON WATER SUPPLY WELL REPORT

CROO 54031

WELL ID LABEL # 109954

START CARD # 1019287

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

4/3/2013

ORIGINAL LOG #

(1) LAND OWNER: Owner Well ID, First Name, Last Name, Company GFRANCH, Address, City PAULINA, State OR, Zip 97751

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Conversion, [] Alteration, [] Abandonment

(2a) PRE-ALTERATION: Casing, Dia, From, To, Gauge, Sil, Plstc, Wld, Thrd

(3) DRILL METHOD: [X] Rotary Air, [] Rotary Mud, [] Cable, [] Auger, [] Cable Mud, [] Reverse Rotary, [] Other

(4) PROPOSED USE: [] Domestic, [X] Irrigation, [] Community, [] Industrial/Commercial, [] Livestock, [] Dewatering

(5) BORE HOLE CONSTRUCTION: Depth of Completed Well 181.00 ft, BORE HOLE table with columns Dia, From, To, Material, SEAL, Amt, lbs

How was seal placed: Method [X] Other POURED FROM SURFACE, Backfill placed from, Filter pack from, Explosives used

(5a) ABANDONMENT USING UNHYDRATED BENTONITE: Proposed Amount, Actual Amount

(6) CASING/LINER: Casing, Liner, Dia, From, To, Gauge, Sil, Plstc, Wld, Thrd, Shoe, Inside, Outside, Other, Location of shoe(s), Temp casing

(7) PERFORATIONS/SCREENS: Perforations Method, Screen Type, Material, Screen Liner, Dia, From, To, Screen width, Screen length, # of slots, Pipe size

(8) WELL TESTS: Minimum testing time is 1 hour, [X] Pump, [] Bailor, [] Air, [] Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr), Temperature, Lab analysis, Water quality constituents

(9) LOCATION OF WELL (legal description): Section, Range, Township, Tax Map Number, Lot, Lat, Long, Street address of well, Nearest address 5555 SE GIRD RD, PRINEVILLE, OR 97754

(10) STATIC WATER LEVEL: Date, SWL (psi), SWL (ft), Existing Well / Pre-Alteration, Completed Well 3/18/2013, Flowing Artesian?, Dry Hole?

WATER BEARING ZONES: Table with columns Date, From, To, Test Flow, SWL (psi), SWL (ft)

(11) WELL LOG: Ground Elevation 4161.00, Material, From, To, top soil, brown, clay, brown, clay, light brown, gravel & sand, brown, clay, brown, gravel & sand, brown, clay, brown, fractured basalt

(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.

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.

License Number, Date, Signed SAM P KINGREY (E-filed), Contact Info (optional)

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