

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

WELL I.D. # L 84291
START CARD # 201291(1) LAND OWNER: Gordie Rock Well Number _____
Name Gordie Rock
Address 1701 Broadway PMB#122
City Vancouver State Utah Zip 98663(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 165 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____HOLE SEAL
Diameter From To Material From To Sacks or pounds
24" 0 130 Bentonite 0 20 128
16" 130 165How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured
Backfill placed from 20 ft. to 130 ft. Material Cinders
Gravel placed from _____ ft. to _____ ft. Size of gravel _____(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 16" 71 129 250 ☒ ☐ ☒ ☐
Liner: _____ ☐ ☐ ☐ ☐
Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

_____(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
825 50' 116' 6 hr.

_____Temperature of water 55° Depth Artesian Flow Found _____
Was a water analysis done? no ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☒ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: 5'(9) LOCATION OF WELL by legal description:
County Thames Latitude _____ Longitude _____
Township 25 N or S Range 33 E or W. WM.
Section 25 NW 1/4 NE 1/4
Tax Lot 3300 Block _____ Subdivision _____
Street Address of Well (or nearest address) App. Mi past 31, Hwy 78(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 8-11-09
Artesian pressure _____ lb. per square inch Date _____(11) WATER BEARING ZONES:
Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
<u>50'</u>	<u>51'</u>	<u>20 GPM</u>	<u>48</u>
<u>160</u>	<u>165</u>	<u>825</u>	<u>48</u>

(12) WELL LOG:
Ground Elevation 4200

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>Brown Clay</u>	<u>2</u>	<u>30</u>	
<u>Gray Clay</u>	<u>30</u>	<u>50</u>	<u>48</u>
<u>Sand Stone</u>	<u>50</u>	<u>62</u>	
<u>Rock</u>	<u>62</u>	<u>165</u>	<u>48</u>

Water found in
Crack in rock 160-165'

RECEIVED

Received by OWRD

AUG 31 2009

MAR 25 2021

WATER RESOURCES DEPT
SALEM, OREGON

Salem, OR

Date started 5-28-09 Completed 8-11-09

(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.

Signed _____ WWC Number _____ 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.

Signed Kenneth E Smith WWC Number 1752 Date 8-25-09

REVISED

Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 90398

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Description of Water Delivery System

MAR 25 2021

System capacity: **1.67 CFS** cubic feet per second (cfs) **OR**
 _____ gallons per minute (gpm)

Salem, OR

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is pumped from well through a pipeline to pivot.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well #1	☒ Authorized ☐ Proposed	L-21128	25 S	33 E	25	SE	NE	8300	1324' S, 1349' W of NE Cor Sec 25
Well #2	☐ Authorized ☒ Proposed	L-84791	25 S	33 E	25	NE	NE	8300	100' S, 510' W of NE Cor Sec 25
	☐ Authorized ☐ Proposed								
	☐ Authorized ☐ Proposed								

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|--|--|
| ☐ Place of Use (POU) | ☐ Supplemental Use to Primary Use (S to P) |
| ☐ Character of Use (USE) | ☐ Point of Appropriation/Well (POA) |
| ☐ Point of Diversion (POD) | ☒ Additional Point of Appropriation (APOA) |
| ☐ Additional Point of Diversion (APOD) | ☐ Substitution (SUB) |
| ☐ Surface Water POD to Ground Water POA (SW/GW) | ☐ Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- ☒ Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- ☐ No Complete all of Table 2 to describe the portion of the water right to be changed.