

original and first copy of this report are to be filed with the

ENGINEER, SALEM, OREGON 97310 within 30 days from the date of well completion.

MORR 1762 NC

RECEIVED

Authorized well

WATER WELL REPORT

MAY 29 1975

STATE OF OREGON

(Please type or print) STATE ENGINEER

(Do not write above this) SALEM, OREGON

State Well No. 2N/24E-36

State Permit No.

(1) OWNER:

Name ERIC ANDERSON Address Box 233, Ione, Oregon 97843

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon [] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [] Cable [X] Dug [] Driven [] Jetted [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [] Irrigation [X] Test Well [] Other []

CASING INSTALLED:

16" Diam. from 0 ft. to 67'9" ft. Gage 312

PERFORATIONS:

Perforated? [] Yes [X] No.

Type of perforator used

Size of perforations in. by in. perforations from ft. to ft.

(7) SCREENS:

Well screen installed? [] Yes [X] No

Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [X] Yes [] No If yes, by whom? Farmore Pendleton Ore. Yield: 1791 gal./min. with 43 ft. drawdown after 4 hrs. 1450 " 30 " 2 " 1000 " 15 " 1

(9) CONSTRUCTION:

Well seal-Material used cement [X] Well sealed from land surface to 67'9" ft. Diameter of well bore to bottom of seal 20 in. Diameter of well bore below seal 16 in. Number of sacks of cement used in well seal 80 sacks Number of sacks of bentonite used in well seal none sacks Brand name of bentonite Number of pounds of bentonite per 100 gallons of water lbs./100 gals. Was a drive shoe used? [X] Yes [] No Plugs Size: location ft. Did any strata contain unusable water? [] Yes [X] No Type of water? depth of strata Method of sealing strata off Was well gravel packed? [] Yes [X] No Size of gravel ft. Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County MORROW Driller's well number #1 1/4 1/4 Section 36 T. 2N R. 24 W.M. Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found [X] 370-435 ft. Static level 354 ft. below land surface. Date Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 16 Depth drilled 1350 ft. Depth of completed well 1350 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

Table with columns: MATERIAL, From, To, SWL. Rows include Top soil, Hardpan, Cemented gravel, Broken rock & clay, Grey basalt, Black basalt, Blk. baslt.&saapstone crevices, Dark grey basalt, Black basalt, Grey basalt, Hard clay&blk. shale, Black basalt, Grey basalt, Blk baslt.broken (W.B), Dark grey basalt, Black basalt, Grey basalt, brkn. blk. basalt.

Work started 12/11 1973 Completed 5/9/75 19 Date well drilling machine moved off of well 5/9/75 19

Drilling Machine Operator's Certification: Continued

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] [Signature] Date 5/28, 1975 (Drilling Machine Operator)

Drilling Machine Operator's License No. 121

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name D.K. "DON" SMITH (Person, firm or corporation) (Type or print)

Address Route #1 Box 116 Milton-Freewater Ore 97862

[Signed] [Signature] (Water Well Contractor)

Contractor's License No. 204 Date 5/28/75, 1975

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T 11004

WATER RESOURCES DEPT SALEM, OREGON

TO WATER WELL CONTRACTOR
 the original and first copy
 of this report are to be
 filed with the
 ENGINEER, SALEM, OREGON 97310
 within 30 days from the date
 of well completion.

RECEIVED
WATER WELL REPORT
 STATE OF OREGON MAY 29 1975
 (Please type or print) STATE ENGINEER
 (Do not write above this line) SALEM, OREGON

State Well No. _____
 State Permit No. _____

(1) OWNER:

Name _____
 Address _____

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.
 Type of perforator used _____

Size of perforations	in.	by	in.
_____ perforations from _____	_____	_____	_____ ft. to _____ ft.
_____ perforations from _____	_____	_____	_____ ft. to _____ ft.
_____ perforations from _____	_____	_____	_____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
 Manufacturer's Name _____
 Type _____ Model No. _____
 Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
 Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom?

Yield:	gal./min. with	ft. drawdown after	hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Baller test	gal./min. with	ft. drawdown after	hrs.
_____	_____	_____	_____
_____	_____	_____	_____

Artesian flow _____ g.p.m.
 Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used _____
 Well sealed from land surface to _____ ft.
 Diameter of well bore to bottom of seal _____ in.
 Diameter of well bore below seal _____ in.
 Number of sacks of cement used in well seal _____ sacks
 Number of sacks of bentonite used in well seal _____ sacks
 Brand name of bentonite _____
 Number of pounds of bentonite per 100 gallons of water _____ lbs./100 gals.
 Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ depth of strata _____
 Method of sealing strata off _____
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL:

County _____ Driller's well number _____
 1/4 Section T. R. W.M.
 Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.
 Static level _____ ft. below land surface. Date _____
 Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____
 Depth drilled _____ ft. Depth of completed well _____ ft.
 Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
Dark grey basalt	645	665	
blk baslt. gry clay sms.	665	720	
Black basalt	720	770	
Brkn. drk.gry.bslt. (soapstone sms.)	770	790	
Black basalt	790	800	
Dark gry basalt	800	815	
Black basalt	815	850	
Grey basalt	850	905	
Broken blk basalt	905	975	
Brkn. blk. & gry. balt.W.	B975	985	355
Grey basalt	985	1000	
Broken blk. bslt.(W.B)	1000	1040	
Dark grey basalt	1040	1050	
Porous Black basalt	1050	1055	
Black bslt.(no cuttings)	1055	1060	355
Blk.bslt.brkn.&porous	1060	1115	355
porous blk bslt.&blue Clay	1115	1125	

Work started _____ 19 Completed Continued
 Date well drilling machine moved off of well _____ 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] _____ Date _____, 19____
 (Drilling Machine Operator)

Drilling Machine Operator's License No. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name _____
 (Person, firm or corporation)

Address _____

[Signed] _____
 (Water Well Contractor)

Contractor's License No. _____ Date _____

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 JAN 11 2010

WATER RESOURCES DEPT
 SALEM, OREGON
 SP-2802-119

T 11004

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

*Purposed
Additional
well*

WELL LABEL # L 71135

START CARD # 1006592

(1) LAND OWNER Owner Well I.D. _____

First Name DAN Last Name MCCARTY
Company _____
Address 27471 MCCARTY RANCH RD
City ECHO State OR Zip 97826

(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 1,370 ft.

BORE HOLE			SEAL				sacks/ Amt lbs
Dia	From	To	Material	From	To		
20	0	45	Cement	0	45	49	S
14.75	45	1,370					

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	Plate	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16		2	45	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Per/S	Casing/	Screen	Screen	Slot	# of	Tele/		
creen	Liner	Dia	From	To	width	length	slots	pipe size

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,000		1,370	5

Temperature 74 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

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(9) LOCATION OF WELL (legal description)

County MORROW Twp 2 N N/S Range 24 E E/W WM
Sec 36 NE 1/4 of the SW 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

BOARDMAN RD & BAKER LN

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>07-07-2009</u>		<u>380</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 650

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-20-2009	650	690	1,000		380
06-08-2009	955	958	2,000		380
06-19-2009	1,324	1,340	3,000		380

(11) WELL LOG

Material	From	To
SOIL	0	10
BROKEN BLACK BASALT	10	13
BLACK BASALT	13	19
BROKEN BROWN BASALT	19	39
BLACK BASALT	39	55
BLACK BASALT W/CLAY	55	58
BROWN BASALT	58	85
SOFT BLACK BASALT	85	95
BLACK BASALT	95	195
SOFT BLACK BASALT	195	405
BLACK BASALT W/GREEN CLAY	405	485
BLACK BASALT	485	520
BLACK BASALT W/BLUE CLAYSTONE	520	570
BLACK BASALT W/SCORIA	570	600
BLACK BASALT W/BLUE CLAYSTONE	600	650
BLACK BASALT/SCORIA/BLUE CLAYSTON	650	690
BLACK BASALT W/BLUE CLAYSTONE	690	795
BLACK BASALT	795	839
BLACK BASALT W/BLUE CLAYSTONE	839	950

Date Started 04-15-2009 Completed 06-22-2009

(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 1881 Date 07-14-2009
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 1881 Date 07-14-2009
Password: (if filing electronically) _____
Signed Larry J. Zolman
Contact info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JUL 16 2009

RECEIVED

JAN 11 2010

WATER RESOURCES DEPT
SALEM, OREGON

T 11004

WATER RESOURCES DEPT
SALEM, OREGON

