

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

CROO 54523

8/10/2017

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

111997
1034949

(1) LAND OWNER
Owner Well I.D. RUSSELL
First Name \_\_\_\_\_ Last Name \_\_\_\_\_
Company WAIBEL PROPERTIES LLC
Address 8055 SW POWELL BUTTE HWY
City POWELL BUTTE State OR Zip 97753

(2) TYPE OF WORK
[ ] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Material From To Amt sacks/lbs
Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(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 350.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
18 0 38.5 Bentonite Chips 0 38.5 35 S
12 38.5 350 Calculated 34.61
Calculated

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 \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
14 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
10 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) \_\_\_\_\_
Temp casing [ ] Yes Dia From + [ ] To \_\_\_\_\_

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type \_\_\_\_\_ Material \_\_\_\_\_
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 10 270 350 .13 3 3040

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
800 \_\_\_\_\_ 350 8
Temperature 66 °F Lab analysis [ ] Yes By \_\_\_\_\_
Water quality concerns? [ ] Yes (describe below) TDS amount 111 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
Sec 24 NE 1/4 of the SE 1/4 Tax Lot 1300
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_
Lat \_\_\_\_\_ " or 44.25162000 DMS or DD
Long \_\_\_\_\_ " or -120.74770000 DMS or DD
[ ] Street address of well [ ] Nearest address
6100 SE PAULINA HWY.

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [ ] [ ]
Completed Well 8/4/2017 [ ] 85
Flowing Artesian? [ ] Dry Hole? [ ]
WATER BEARING ZONES Depth water was first found 156.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/4/2017 156 350 800 [ ] [ ] 85

(11) WELL LOG
Ground Elevation \_\_\_\_\_
Material From To
Top Soil 0 2
Hard Tan Clay Stone W/ Rock 2 5
Hard Brown Sand Stone 5 31
Soft Grey Basalt 31 65
Hard Tan Clay Stone 65 75
Hard Grey Basalt 75 156
Hard Grey Basalt W/ Quartz, Tan Clay Seam 156 350

Date Started 6/19/2017 Completed 8/4/2017

(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 1583 Date 8/10/2017
Signed DAVID A SCHLICHTING (E-filed)
Contact Info (optional) \_\_\_\_\_

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54523

8/10/2017

### Map of Hole

<b>STATE OF OREGON WELL LOCATION MAP</b>	<b>Oregon Water Resources Department</b> 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
<b>LOCATION OF WELL</b>	<b>Well Label: 111997</b>	
Latitude: 44.2516192864 Datum: WGS84	<b>Printed: August 10, 2017</b>	
Longitude: -120.74789311905	<small>DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.</small>	
Township/Range/Section/Quarter-Quarter Section:	<small>Provided by well constructor</small>	
WM 15S 16E 24 NESE		
Address of Well:		
6100 SE PAULINAHWY.		






Map of Hole

**STATE OF OREGON  
WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT

**Oregon Water Resources Department**  
725 Summer St NE, Salem OR 97301  
(503)986-0900




---

**LOCATION OF WELL**  
Latitude: 44.25162      Datum: WGS84  
Longitude: -120.7477  
Township/Range/Section/Quarter-Quarter Section:  
WM 15S 16E 24 NESE  
Address of Well:  
6100 SE PAULINA HWY.

**Well Label: 111997**  
**Printed: August 10, 2017**

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.  
Provided by well constructor

