

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

DESC 62536

3/30/2021

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

138645

1051275

(1) LAND OWNER

Owner Well I.D. _____

First Name TOMLast Name GILLIHANCompany BROTHERS RANCH LLCAddress 22870 SW EHO PLCity TUALATIN State OR Zip 97062**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 1010.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
12	0	19	Bentonite Chips	0	19	14	S
8	19	1010			Calculated	12.26	
					Calculated		

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

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	Thrd
☒	☐	8	☒	1	19	.250	☒	☐	☐	☐
☐	☒	6	☐	1	1010	.188	☐	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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	Perf/	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	Perf			width	length	slots	pipe size
		6		990	1010	.125	3	228	

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		1005	1

Temperature 54 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 137 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County DESCHUTES Twp 14.00 S N/S Range 10.00 E E/W WMSec 13 SW 1/4 of the SW 1/4 Tax Lot 701

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address17190 WILT RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	3/17/2021			724
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 724.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3/17/2021	724	1010	30			724

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN BASALT	1	28
HARD GRAY BASALT	28	53
BROKEN BROWN BASALT	53	59
BROWN CLAYSTONE CONGLOMERATE	59	78
MILD BROWN BASALT	78	105
BROWN CLAYSTONE	105	245
FRACTURED BASALT	245	262
HARD GRAY BASALT	262	287
MILD BROWN BASALT	287	377
BROWN CLAYSTONE	377	415
BROWN BASALT CONGLOMERATE	415	498
DARK BROWN CLAYSTONE	498	585
LIGHT BROWN CLAYSTONE CONGLOMERATE	585	657
BROWN BASALT CLAYSTONE	657	720
W/B FRACTURED BASALT	720	738
W/B FRACTURED GRAY BASALT	738	757
W/B FRACTURED BASALT	757	770
W/B BROWN CONGLOMERATE	770	985

Date Started 3/15/2021Completed 3/17/2021**(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 1987Date 3/30/2021Signed MATHEW ROGERS (E-filed)**(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 1720Date 3/30/2021Signed JACK ABBAS (E-filed)Contact Info (optional) JACK ABBAS

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					○ ○			
					○ ○			
					○ ○			
					○ ○			

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]