

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

GILL 50694

4/19/2015

WELL I.D. LABEL# L 117260
START CARD # 1026058
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name BOB Last Name REASNER
Company
Address PO BOX 297
City ARLINGTON State OR Zip 97812

(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
Depth of Completed Well 225.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
How was seal placed: Method A B C D E

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

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

(7) PERFORATIONS/SCREENS
Perforations Method torch cut
Screens Type Material
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots 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)
Temperature 66 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County GILLIAM Twp 2.00 N N/S Range 22.00 E E/W WM
Sec 32 SE 1/4 of the NW 1/4 Tax Lot 1001
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
Street address of well Nearest address
NEAREST ADDRESS: 62546 UPPER ROCK CREEK RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/13/2015 91
Completed Well 4/14/2015 91
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
Existing well 0 225

Date Started 4/13/2015 Completed 4/14/2015
(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 1766 Date 4/19/2015
Signed BRANDON C BROWN (E-filed)
Contact Info (optional) brandon@waterwelldeveloping.com

WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL# L	117260
START CARD #	1026058
ORIGINAL LOG #	

4/19/2015

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS

Perf/Screen	Casing/Screen Liner	Screen Dia	From	To	Scrwn/slot width	Slot length	# of slots	Tele/pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To

RECEIVED BY OWRD

MAY 06 2015

SALEM, OR

Comments/Remarks

Cleaned out hole. Installed 6" steel casing with perforations.
 Liner