

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# L

135301

START CARD #

1045035

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. #2

First Name PATRICK

Last Name CAMPBELL

Company BRUCE HOLLOW LLC

Address 3781 SE HENRY ST

City PORTLAND

State OR

Zip 97202

(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 Thr

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 TEST HOLE**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)

Depth of Completed Well 219.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18	Bentonite	0	18	15	S
10	18	38				Calculated	12
8	38	206	Cement	2	200	48	S
6	206	219				Calculated	17.22

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

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	Thr
☒	8	☒	2	38	.25	☒	☐	☒	☐
☒	6	☐	2	200	.25	☒	☐	☒	☐
☐		☐				☐	☐	☐	☐
☐		☐				☐	☐	☐	☐
☐		☐				☐	☐	☐	☐

Shoe ☒ Inside ☒ Outside ☒ Other Location of shoe(s) 38Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____

Material _____

Perf/Screen	Casing/Liner	Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/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)

200		206	1

Temperature 62 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 118 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County GILLIAM Twp 4.00 S N/S Range 23.00 E E/W WM

Sec 8 NE 1/4 of the NW 1/4 Tax Lot 401

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

HALE RD GILLIAM COUNTY PERMIT G-17938 application G17565 PERMIT

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration			
Completed Well	10/16/2019		12

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found 63.00

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

10/3/2019	63	178	635		12
10/4/2019	200	219	200		12

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	7
Cemented Gravel	7	19
Black Basalt	19	63
Broken Brown/Red Basalt w/ Tan Claystone	63	78
Black Basalt	78	88
Visicular Black w/Blue/Gray Claystone	88	118
Black Basalt	118	122
Broken Black Basalt w/Tan Claystone	122	127
Black Basalt	127	134
Broken Black Basalt w/Blue Claystone	134	140
Black Visicular Basalt w/Pyrite	140	148
Black Basalt	148	166
Broken Black Visicular w/Blue and Tan Claystone	166	178
Black Basalt	178	200
Broken Visicular Black w/Pyrite	200	219

Date Started 10/1/2019

Completed 10/16/2019

(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 1985

Date 10/17/2019

Signed ALEXANDER SIMONTON (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 1881

Date 10/17/2019

Signed GARRY ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman

ORIGINAL - WATER RESOURCES DEPARTMENT

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

