

GRAN
50243

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

JUN 9 1999

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 89523

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
Name Allen Meyer + Jan Stiven
Address HCR 58 Box 306
City Long Creek State OR Zip 97856

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 313 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	18	Bentonite	0	18	6 Sacks	
6"	18	313					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pours
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	19	250	☒	☐	☒	☐
Liner: 5"	3	313	188	☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/plp size	Casing	Liner
293	313	1/4x4	125	5	Factory cuts		☐	☒

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
8	300	300	1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Grant Latitude _____ Longitude _____
Township 8 N or S Range 29 E or W. WM.
Section 1 NE 1/4 NW 1/4
Tax Lot 3 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) County Rd 15
Ritter Or

(10) STATIC WATER LEVEL:
129 ft. below land surface. Date 6-3-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 257

From	To	Estimated Flow Rate	SWL
257	277	3	129
310	313	5	129

(12) WELL LOG:
Ground Elevation 3050

Material	From	To	SWL
Broken Brown Basalt	0	1	
Black Basalt Hard	1	33	
Brown Basalt Hard	33	42	
Black Basalt Hard	42	141	129
Brown Basalt Hard	141	146	
with red seams			
Black Basalt Hard	146	192	
Blue + red Basalt Hard	192	200	
Black Basalt Hard	200	257	
Black Fine Basalt WB3	257	277	
Black Basalt some	277	310	
Fractures Hard			
Black Basalt Fracture	310	313	
with blue seams			
water bearing 5 gpm			

Date started 5-28-99 Completed 6-3-99

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed _____ WWC Number _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed John Marcial WWC Number 1606 Date 6-3-99