GRAN 50956

11-05-2008

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

WELL LABEL # L 93392

START CARD # 1004844

(1) LAND OWNER

Owner Well I.D. _____

First Name MARV Last Name RITTER
Company
Address 410 SE HILLCREST
City JOHN DAY State OR Zip 97845

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 200.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	28	Bentonite Chips	0	26	14	S
6	28	200					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other pour-ir metod
Backfill placed from ____ ft. to ____ ft. Material ____
Filter pack from ____ ft. to ____ ft. Material ____ Size ____
Explosives used: [ ] Yes Type ____ Amount ____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(●)	( )	6	[X]	2	30	.25	(●)	( )	[X]	[ ]
( )	(●)	4.5	[ ]	4	200	.25	( )	(●)	[ ]	[X]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) ____
Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method saw cut
Screens Type ____ Material ____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	170	190	.188	6	4	4.5

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

(●) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
22	176	190	1

Temperature 57 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Grant Twp 14.00 S N/S Range 30.00 E E/W WM
Sec 23 NE 1/4 of the SE 1/4 Tax Lot 3011
Tax Map Number ____ Lot ____
Lat ° ' " or ____ DMS or DD
Long ° ' " or ____ DMS or DD
(●) Street address of well ( ) Nearest address

NANS ROCK ROAD MT VERNON OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	09-19-2008		[ ]	13

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found ____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-25-2008	183	196	22		[ ]	13
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation 3,780

Material	From	To
TOPSOIL	0	4
BROWN CLAY-GRAVEL CHIP	4	24
DARK GREY CLAY -SHALE CHIPS	24	183
BLACK SHALE	183	200

Date Started 10-09-2008 Completed 10-19-2008

(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 ____
Electronically Filed
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 1712 Date 11-05-2008
Electronically Filed
Signed JAMES W NEAL (E-filed)
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK