

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-24-2009

WELL LABEL # L 93392

START CARD # 1006894

(1) LAND OWNER

Owner Well I.D. _____

First Name MARV

Last Name RITTER

Company _____

Address 410 SE HILLCREST RD.

City JOHN DAY

State OR

Zip 97869

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☒ Conversion

☐ Alteration (repair/recondition) ☐ Abandonment

(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 207.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	148	Bentonite Chips	0	148	40	S
10	148	172	Cement	148	172	16	S
6	172	207					

How was seal placed:

Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other Pour in / pumped

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	☒	2	170	.25	☒	☒	☒	☒
☐	☐	4.5	☐	10	207	.25	☐	☐	☐	☐

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/S	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
reen	Liner					width	length	slots	pipe size
Perf	Liner	4.5	185	205	0	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)

15		207	2
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Temperature 58 °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 RD MOUNT VERNON OR /LAYCOCK CREEK

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening	09-19-2008		13
Completed Well	06-10-2009		144

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 182

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 Chips	4	24
Dark Grey Clay - Shale Chips	24	183
Black Shale	183	200
Dark Red Clay	200	207

RECEIVED

AUG 24 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 04-27-2009

Completed 06-04-2009

(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 06-24-2009

Electronically Filed

Signed JAMES W NEAL (E-filed)

Contact Info (optional) _____