

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

GRAN
51099

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GRAN 51099

JUL 18 2011

WELL LABEL # L 96838

START CARD # 1014528

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Owner Well I.D. SALEM, OREGON
First Name Jeff Last Name Riggs
Company
Address PO Box 120
City Dayville State OR Zip 97825

(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 ☐ Injection
☐ Thermal ☐ Other

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)

Depth of Completed Well 465 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
14	0	225	Cement	45	225	70	SCKS
10	225	475	3/8 chips	0	45	48	SCKS
6	475	504					

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

☒ Other Bentonite chips poured dry

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		10	2	0	225	.250	X		X	
	X	8	2	0	450	SPR-17		X		X

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)

Temporary casing ☐ Yes Diameter From To

(7) PERFORATIONS/SCREENS

Perforations Method Factory slot

Screens Type Material PVC

Perf	Scrn	Casing	Linr	Screen	From	To	Screen/	Slot	# of	Tele/
				Dia			slot	length	slots	pipe
							width			size
	X		X	8	370	450	.032	Commercial		

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
100 290 390 2

Temperature 63 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below)

From To Description

From	To	Description

(9) LOCATION OF WELL (legal description)
County Grant Twp 13 N or S Range 31 E or W W.M.
Sec 10 NE 1/4 of the NE 1/4 Tax Lot 1037
Tax Map Number Lot

Lat or DMS or DD
Long or DMS or DD

Street Address of Well (or nearest address) Davis Creek Rd John Day

(10) STATIC WATER LEVEL

Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening			
Completed Well	9.17.2011		100

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
Aug 14	105	180	45			98
Sept 13	464	465	150+			100

(11) WELL LOG

Ground Elevation

Material	From	To
lava boulders	0	3
brown hard dry clay	3	5
red sandy clay	5	10
white baked clay	10	11
black rock, basalt	11	65
brown sticky clay	65	95
grey clay w/ sand gravel	95	180
brown clay	180	195
grey claystone	195	464
black basalt badly fractured	464	504

Make @ the time had
filled in 39' at the
bottom

Date Started 9-2-2011 Completed 9-17-2011

(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 1896 Date 10-17-11

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 1899 Date 10-17-11

Signed

Contact Info. (optional)

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NOV 23 2011

WATER RESOURCES DEPT
SALEM, OREGON

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

GRANT COUNTY

JUL 18 2011

WELL LABEL # L 96838

START CARD # 1014528

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Company _____
Address PO Box 120
City Dayville State OR Zip 97825

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☒ Other Bentonite chips poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		10	2	0	225	.250	X		X	
	X	8	2	0	450	SDR-17		X		X

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory slot
Screens Type _____ Material PVC

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
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(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min 100 Drawdown 290 Drill stem/Pump depth 390 Duration (hr) 2

Temperature 63 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

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Sec 10 NE 1/4 of the NE 1/4 Tax Lot 1037
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
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<u>Sept 13</u>	<u>464</u>	<u>465</u>	<u>150+</u>			<u>100</u>

(11) WELL LOG

Ground Elevation _____

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<u>red sandy clay</u>	<u>5</u>	<u>10</u>
<u>white baked clay</u>	<u>10</u>	<u>11</u>
<u>black rock, basalt</u>	<u>11</u>	<u>65</u>
<u>brown sticky clay</u>	<u>65</u>	<u>95</u>
<u>grey clay w/ sand gravel</u>	<u>95</u>	<u>180</u>
<u>brown clay</u>	<u>180</u>	<u>195</u>
<u>grey claystone</u>	<u>195</u>	<u>464</u>
<u>black basalt badly fractured</u>	<u>464</u>	<u>504</u>

Date Started 9-2-2011 Completed 9-17-2011

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License Number 1896 Date 10-17-11

Signed Tony Wadett

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License Number 1899 Date 10-17-11

Signed Larry Suring

Contact Info. (optional)