

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

GRAN 51202

5/18/2015

WELL I.D. LABEL# L 114098
START CARD # 1025252
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D.
First Name ROGER O. & MEREDITH Last Name EDIGER
Company BOX T. RANCH
Address 54229 HWY 26
City MOUNT VERNON State OR Zip 97865

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: [] [] [] [] [] [] [] [] [] []
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] [] [] []

(3) DRILL METHOD
[X] Rotary Air [X] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 500.00 ft.
BORE HOLE SEAL sacks/
Dia From To Material From To Amt lbs
20 0 91 Cement 0 91 161 S
12 91 287 Calculated 108.1
8 287 500 Calculated

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other
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 Thrld
[] [] [] [] [] [] [] [] [] []
12 [X] 1.5 91 .250 [] [] [X] []
10 [] [] 47 287 .250 [] [] [X] []
Shoe [X] Inside [] Outside [] Other Location of shoe(s) 287
Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method Holt perforator
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 10 120 287 .25 1 2880

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
650 204.6 260 24
Temperature 61 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County GRANT Twp 13.00 S N/S Range 29.00 E E/W WM
Sec 36 SW 1/4 of the NW 1/4 Tax Lot 3002
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [X] Nearest address
54229 HWY 26 MOUNT VERNON OR. 97865

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [] []
Completed Well 3/16/2015 [] 10
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 4.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
1/7/2015 4 6 10 4
1/14/2015 166 400 650 10

(11) WELL LOG Ground Elevation
Material From To
Tan broken mudstone med hard 0 4
Tan broken mudstone med hard. w/b 4 6
Gray med hard mudstone W/ some fractures 6 82
Gray hard basalt 82 166
Gray med hard broken basalt 166 400
Gray med hard basalt 400 500

Date Started 12/22/2014 Completed 3/16/2015

(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
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 1606 Date 5/18/2015
Signed JOHN MARCIEL (E-filed)
Contact Info (optional)