

STATE OF OREGON WATER SUPPLY WELL REPORT

GRAN 51466

WELL I.D. LABEL# L

113275

START CARD #

1057432

ORIGINAL LOG #

GRAN

444

7/9/2022

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company OREGON TRAIL ELECTRIC

Address 400 PATTERSON BRIDGE RD

City JOHN DAY State OR Zip 97845

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: _____

(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 OBSERVATION WELL

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well _____ ft.

BORE HOLE

Dia From To Material SEAL From To Amt sacks/lbs

_____ Calculated _____

_____ Calculated _____

How was seal placed: Method A B 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 P Actual Amount P

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

Table with columns for Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes graphical representations of casing and liner sections.

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Table with columns for Perf/ Casing/ Screen, Screen Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

Pump Bailer Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Table with columns for Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 78 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 315 ppm

From To Description Amount Units

Table with columns for From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County GRANT Twp 13.00 S N/S Range 31.00 E E/W WM

Sec 26 SE 1/4 of the NW 1/4 Tax Lot 4002

Tax Map Number _____ Lot _____

Lat _____ " or 44.41409414 DMS or DD

Long _____ " or -118.95255037 DMS or DD

Street address of well Nearest address

OTEC CHARGING STATION IN JOHN DAY

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 7-12-2022 .03

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns for SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG

Ground Elevation _____

Material From To

Table with columns for Material, From, To.

Date Started 7/8/2022 Completed 7/8/2022

(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 1961 Date 7/9/2022

Signed KEVIN MOLES (E-filed)

Contact Info (optional) _____

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

