

STATE OF OREGON
WATER SUPPLY WELL REPORT

GRAN 51607

WELL I.D. LABEL# L

145320

START CARD #

1081084

ORIGINAL LOG #

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

4/23/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name TEDLast Name PHELPS

Company _____

Address 42348 CUPPER CREEK RDCity KIMBERLYState ORZip 97848**(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:

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(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ 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 243.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
10	0	53	Bentonite Chips	0	53	30	S	
6	53	243			Calculated	28		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED IN DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 2/10/2026 Begin Time 15 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	6	☒	1.5	53	0.250	ST	☒		OUT. 53
L	4.5		23	243	SDR 17	PL		☒	

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 4**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type SDR 17 Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Liner	4.5	73	93	20	3	1000	Pipe Size
Screen	Liner	4.5	223	243	20	3	1000	Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	5	67	200	2

Temperature 55 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 32 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County GRANT Twp 9.00 S N/S Range 27.00 E E/W WMSec 8 NE 1/4 of the NW 1/4 Tax Lot 1903

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.80971341 DMS or DDLong _____ ° _____ ' _____ " or -119.50409448 DMS or DD☐ Street address of well ☒ Nearest addressCUPPER CREEK RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>4/17/2026</u>			<u>46</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 75.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1/28/2026</u>	<u>75</u>	<u>80</u>	<u>5</u>			<u>46</u>

(11) WELL LOGGround Elevation 1978.02 FT

Material	From	To
Top soil	0	2
Tan clay hard	2	36
Tan clay gravel med hard	36	41
Gray clay hard	41	75
Gray Clay Small Gravel	75	80
Gray clay hard	80	220
Gray clay med hard	220	225
Gray clay hard	225	243

Construction

Begin Date 1/27/2026 Begin Time 10 00 End Date 4/17/2026**(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 4/23/2026Signed JOHN MARCIEL (E-filed)Drilling Company: Marciel Well Drilling & Pumps Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

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

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4/23/2026

Map of Hole

