

STATE OF OREGON
WATER SUPPLY WELL REPORT

GRAN 51623

WELL I.D. LABEL# L

Page 1 of 3

START CARD #

ORIGINAL LOG #

154398

1082068

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

7/15/2026

(1) LAND OWNER

Owner Well I.D.

First Name DARRIN

Last Name LANE

Company

Address 40280 RUNNING BUCK RD

City LONGCREEK

State OR

Zip 97856

(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: Material From To Amt sacks/lbs

(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 425.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	38	Bentonite	0	38	24	S
8	38	425			Calculated	24	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POUR & HYDRATE

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Type Amount

Seal Placement Begin Date 5/13/2026 Begin Time 16 30

(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	8	☒ 2 38 0.250	ST	☒		
L	4.5	☐ 25 425 SDR21	PL		☒	

Temp casing ☐ Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type slotted Material pvc

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		4.5	385	425	.02			

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	75		420	1

Temperature 58 °F Lab analysis ☐ Yes By

Water quality concerns? ☐ Yes (describe below) TDS amount 70 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County GRANT Twp 10.00 S N/S Range 31.00 E E/W WM

Sec 21 NW 1/4 of the NW 1/4 Tax Lot 1703

Tax Map Number Lot

Lat ° ' " or 44.68834419 DMS or DD

Long ° ' " or -118.99854683 DMS or DD

☒ Street address of well ☐ Nearest address

40280 RUNNING BUCK RD, LONGCREEK, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/19/2026			184
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 405.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/18/2026	405	415	75			184

(11) WELL LOG

Ground Elevation 4111.61 FT

Material	From	To
TOP SOIL WITH ROCKS M/S	0	12
REDISH BROWN BASALT HARD	12	61
BROWN BASALT HARD	61	77
GRAY BASALT HARD	77	145
BROWN BASALT HARD	145	171
GRAY BASALT HARD	171	211
BROWN BASALT HARD	211	215
GRAY BASALT HARD	215	295
BROWN BASALT HARD	295	315
GRAY BASALT HARD	315	333
BROWN BASALT HARD	333	349
GRAY BASALT HARD	349	405
BROKEN BROWN BASALT MED HARD	405	415
GRAY BASALT HARD	415	425

Construction

Begin Date 5/13/2026 Begin Time 10 00 End Date 5/19/2026

(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 1961 Date 7/15/2026

Signed KEVIN MOLES (E-filed)

Drilling Company: OREGON TRAIL WELL SERVICE LLC

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.

(2a) PRE-ALTERATION

[illegible]

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To		Amt
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#
ADRAIN REED	HELPER WATER	8889033

Comments/Remarks

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

GRAN 51623

7/15/2026

Map of Hole

