

STATE OF OREGON WATER SUPPLY WELL REPORT

LANE 79343

WELL I.D. LABEL# L

26639

START CARD #

1072400

ORIGINAL LOG #

LANE

79343

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

1/22/2024

(1) LAND OWNER

Owner Well I.D.

First Name Last Name MCDUGAL Company SNOW MOUNTAIN RESOURCES LLC Address 37385 JASPER LOWELL RD City JASPER State OR Zip 97438

(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 Seal: Material From To Amt sacks/lbs

(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

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Includes rows for calculated seal amounts.

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

Backfill placed from 0 ft. to 300 ft. Material BENTONITE

Filter pack from ft. to ft. Material Size

Explosives used: Type Amount

Seal Placement Begin Date 12/19/2023 Begin Time 14:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount 84.00 Sacks

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/Screen, Casing/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 for well test results with columns for yield, drawdown, depth, and duration.

Temperature 56 °F Lab analysis Yes By

Water quality concerns? Yes (describe below) TDS amount 192 ppm

Table for water quality concerns with columns for description and amount.

(9) LOCATION OF WELL (legal description)

County LANE Twp 19.00 S N/S Range 1.00 W E/W WM

Sec 16 NW 1/4 of the SE 1/4 Tax Lot 1000

Tax Map Number Lot

Lat or 43.91447000 DMS or DD

Long or -122.81337000 DMS or DD

Street address of well Nearest address

39098 DEXTER RD DEXTER, OR 97431

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Shows existing well data for 12/19/2023.

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found

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

Table for water bearing zones with columns for SWL, date, and flow.

(11) WELL LOG

Ground Elevation 721.39 FT

Table for well log with columns: Material, From, To.

Construction

Begin Date 12/19/2023 Begin Time 10:00 End Date 12/19/2023

(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.

License Number 1859 Date 12/21/2023

Signed CHESTON HENDRICKSON (E-filed)

(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.

License Number 1553 Date 1/10/2024

Signed JEFF HENDRICKSON (E-filed)

Contact Info (optional) 1553

**WATER SUPPLY WELL REPORT - continuation page**

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**WELL I.D. LABEL# L**

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**1/22/2024**

**ORIGINAL LOG #**

**(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					○ ○	○ ○		
					○ ○	○ ○		

  

Material	From	To	Amt	sacks/lbs

**Water Quality Concerns**

From	To	Description	Amount	Units

**(5) BORE HOLE CONSTRUCTION**

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

  

FILTER PACK			
From	To	Material	Size

**(10) STATIC WATER LEVEL**

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

**(11) WELL LOG**

Material	From	To

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○ ○						○ ○			
○ ○						○ ○			
○ ○						○ ○			
○ ○						○ ○			
○ ○						○ ○			
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○ ○						○ ○			
○ ○						○ ○			
○ ○						○ ○			
○ ○						○ ○			

**(7) PERFORATIONS/SCREENS**

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

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

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

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

Assistant Name	Type	#

**Comments/Remarks**

Pulled liner out, couldn't pull casing. Cut off casing below grade, 3'.

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

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1/22/2024

Map of Hole

