

MORR 50653
CORRECTED

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

* Section 5 *

WELL LABEL # L 18921
START CARD # 118938

MORR 50653

(1) LAND OWNER Owner Well I.D. _____

First Name Jerry Last Name Gentry
Company RT 1 Box 3054
Address _____
City Heppner State OR Zip 97836

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 368 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	18	Cement	0	18	9	S
10	18	78	Cement	58	78	5	S
8	78	368					

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	78	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150		368	1
150		268	1
100		186	1

Temperature 66 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Morrow Twp 2 No 10 Range 26 E W WM
Sec 34 SE 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ ° 0 ' " or _____ DMS or DD
Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>12-15-99</u>		<u>113</u>

Flowing Artesian?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>12/15/99</u>	<u>300</u>	<u>308</u>	<u>16</u>		<u>113</u>
<u>12/15/99</u>	<u>335</u>	<u>340</u>	<u>20</u>		<u>113</u>
<u>12/15/99</u>	<u>360</u>	<u>368</u>	<u>150</u>		<u>113</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Soil	0	2
Cemented Gravel	2	57
Black w/Brown Basalt	57	59
Black Basalt	59	300
Black Basalt med. hard	300	308
Black Basalt	308	335
Black w/Brown Basalt	335	340
Black Basalt	340	360
Brown w/Green Soapstone	360	368

Date Started 12-10-99 Completed 12-15-99

(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 _____
Password: (if filing electronically) _____
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 544 Date 11-8-06
Password: (if filing electronically) _____
Signed Larry Burd
Contact Info (optional) _____

RECEIVED

WATER RESOURCES DEPARTMENT

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

Form Version: 0 86

NOV 13 2006

WATER RESOURCES DEPT
SALEM, OREGON

MORR 50653

MORR 50653

JAN 18 2000

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 18921

START CARD # 118938

Instructions for completing this report are on the last page of this form.

(1) OWNER: Jerry Gentry, Well Number L18921, Address RT. 1 Box 3054, City HEYRNER, State OR, Zip 97236

(2) TYPE OF WORK: [X] New Well, [] Deepening, [] Alteration (repair/recondition), [] Abandonment

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

(4) PROPOSED USE: [X] Domestic, [] Community, [] Industrial, [] Irrigation, [] Thermal, [] Injection, [] Livestock, [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No, Depth of Completed Well 368 ft., Explosives used [] Yes [X] No

Table with columns for HOLE (Diameter, From, To) and SEAL (Material, From, To, Sacks/pounds). Includes handwritten entries for 12" and 8" diameters and Portland cement seal.

How was seal placed: Method [] A [] B [X] C [] D [] E, Backfill placed from 0 ft. to 0 ft., Gravel placed from 0 ft. to 0 ft.

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entry for 8" casing.

(7) PERFORATIONS/SCREENS: Table with columns for From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes handwritten entries for slot size and number.

(8) WELL TESTS: Minimum testing time is 1 hour. Includes Pump, Bailer, Air, and Artesian test results with yield, drawdown, and depth data.

(9) LOCATION OF WELL by legal description: County Morrow, Township 2, Range 26, Section 34, S/E 1/4 S/E 1/4, Tax Lot 600, Lot, Block, Subdivision.

(10) STATIC WATER LEVEL: 113' ft. below land surface, Date 12-15-99, Artesian pressure lb. per square inch, Date.

(11) WATER BEARING ZONES: Depth at which water was first found 300'

Table with columns for From, To, Estimated Flow Rate, SWL. Includes handwritten entries for 300' to 368' depths and flow rates of 16, 20, and 150.

(12) WELL LOG: Ground Elevation

Table with columns for Material, From, To, SWL. Includes handwritten entries for SOIL, CEMENTED GRAVEL, BLACK W/BROWN BASALT, BLK BASALT, BLK MED. HARD, BLK BASALT, BRN W/BRN BASALT, BLK BASALT, BRN W/BRN SOAPSTONE.

Date started 12-10-99, Completed 12-15-99

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards.

Signed Rusty R. Otto, WWC Number 1702, Date 12-16-99

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above.

Signed Larry Bund, WWC Number 544, Date 12-16-99