

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-06-2006

WELL LABEL # L 83492

START CARD # 187035

(1) LAND OWNER

Owner Well I.D. _____

First Name RICHARD & PAM

Last Name SCHMIDT

Company _____

Address PO BOX 647

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 267.00 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
12	0	18	Cement	0	18	12	S
10	18	96	Cement	18	96	58	S
10	96	218	Cement	195	218	5	S
7.5	218	267					

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
☒	☐	8	2	218	.25	☒	☐	☒	☐
☐	☐					☐	☐	☐	☐
☐	☐					☐	☐	☐	☐
☐	☐					☐	☐	☐	☐
☐	☐					☐	☐	☐	☐
☐	☐					☐	☐	☐	☐

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	From	To	Scrn/slot	Slot	# of	Tele/
Liner	Dia	Dia	width	length	slots	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)
400		267	1
150		147	1

Temperature 63 °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 1.00 S N/S Range 25.00 E E/W WM

Sec 36 SW 1/4 of the NE 1/4 Tax Lot 6300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

SW CORNER OF PIPER CANYON RD AND BLACK HORSE CANYON RD

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening		
Completed Well	06-05-2006	46

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-01-2006	122	200	100		50
06-05-2006	245	258	400		46

(11) WELL LOG

Ground Elevation _____

Material	From	To
SOIL	0	6
BROKEN BROWN BASALT	6	20
BLACK BASALT	20	45
BROWN BASALT	45	70
BLACK BASALT	70	122
BROKEN BLACK & BROWN BASALT	122	130
BROKEN BROWN BASALT/TAN CLAY	130	200
BLACK BASALT	200	245
BROKEN BROWN BASALT	245	250
BLACK SCORIA	250	258
BLACK BASALT	258	267

Date Started 05-30-2006

Completed 06-05-2006

(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 1735

Date 06-06-2006

Electronically Filed

Signed CHAD COURTNEY (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. 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 06-06-2006

Electronically Filed

Signed LARRY BURD (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

SALEM, OR

Form Version: 0.86