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

WELL LABEL # I. 105914  
START CARD # 1015342

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_

First Name RALPH Last Name MORTER  
Company \_\_\_\_\_  
Address PO BOX 21  
City IONE State OR Zip 97843

(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 1,067 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
14.75	520	652				
10	652	1,067				

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 type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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/S Casing/Screen  
creen Liner Dia From To Sern/slot width Slot length # of slots Tele/ pipe size

Perf/S	Casing/Screen	creen	Liner	Dia	From	To	Sern/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)
1,800		1,041	1

Temperature 70 °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 N N/S Range 24 E E/W WM  
Sec 32 NE 1/4 of the SE 1/4 Tax Lot 1201  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

BAKER LN WITH CROSS ST DAVID REITHMAN RD. IONE, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	11-09-2011			412
Completed Well	01-03-2012			412

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

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

(11) WELL LOG

Material	Ground Elevation	
	From	To
Broken Black Basalt	945	1,041
Hard Black Basalt	1,041	1,067

**RECEIVED**  
**RECEIVED**  
JAN 19 2012  
MAR 15 2012  
WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 11-14-2011 Completed 01-03-2012

(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 1881 Date 01-17-2012

Password : (if filing electronically) \*\*\*\*\*

Signed Larry J. Zoltman

Contact Info (optional) \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION**

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

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

**(7) PERFORATIONS/SCREENS**

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Sern/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)

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

**Water Bearing Zones**

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

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**Comments/Remarks**

Deepened Pump chamber from 520' to 652'. Reamed bottom hole from 8" to 10" from 652' to 945'.

Original Well Log MORR 513  
Previous Deepen to 945' Well Log MORR 511  
(Previous Driller claimed to have lost drill bit at 945')

No New Water Was Found

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creen	Liner					width	length	slots	pipe size

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 License Number 1881 Date 01-17-2012  
 Password : (if filing electronically) \*\*\*\*\*  
 Signed Barry J. Zolman  
 Contact Info (optional) \_\_\_\_\_

