

WATER SUPPLY WELL REPORT

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

4/9/2012

START CARD #

1016215

ORIGINAL LOG #

MORROW 51528 & 602

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company SAGE HOLLOW RANCH

Address 362 INDEPENDANCE RD

City SUNNYSIDE State WA Zip 98944

(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

8 1 419 .25

Material From To Amt sacks/lbs

Seal: Cement 405 420 15 Sacks

(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 520.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 8, 0, 544, [blank], [blank], [blank], [blank], [blank]

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 \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

7.5 354 484 .301

7.5 504 520 .301

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type VWIRE SPIRAL Material SS

Perf/ Casing/ Screen Scrn/slot Slot # of Tel/

Screen Liner Dia From To width length slots pipe size

Table with columns: Screen, Liner, Dia, From, To, width, length, slots, pipe size. Row 1: Screen, Liner, 7.5, 484, 504, .1, [blank], [blank], [blank]

(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 with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 300, [blank], 520, 1

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below) TDS amount

From To Description Amount Units

Table with columns: From, To, Description, Amount, Units. Row 1: [blank], [blank], [blank], [blank], [blank]

(9) LOCATION OF WELL (legal description)

County MORROW Twp 3.00 N N/S Range 26.00 E E/W WM

Sec 10 NE 1/4 of the NE 1/4 Tax Lot 1001

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

POLINE RD & HOMESTEAD RD

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration 4/4/2012 [blank] 360

Completed Well 4/6/2012 [blank] 360

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found \_\_\_\_\_

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Multiple empty rows.

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material From To

Table with columns: Material, From, To. Multiple empty rows.

Date Started 4/4/2012 Complete 4/6/2012

(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 \_\_\_\_\_

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 4/9/2012

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional) Garry Zollman



**Oregon Water Resources Department**  
 725 Summer Street NE, Suite A  
 Salem Oregon 97301  
 (503) 986-0900  
 www.wrd.state.or.us

# Application for Well ID Number

*Do not complete if the well already has a Well I.D Number.*

**I. OWNER INFORMATION**

Current Owner Name (please print): SAGE HOLLOW RANCH  
 Mailing Address: 3620 INDEPENDANCE RD  
 City: SUNNYSIDE State: WA Zip: 98944  
 Mailing Address (to send Well I.D.): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**II. WELL INFORMATION** (Do not complete this section if the well report is attached.)

Township: 3 N (North/South) Range: 26 E (East/West) Section: 10  
 Tax Lot: 1001 County: MORROW NE 1/4 NE 1/4  
 Street Address of Well: POLELINE & HOMESTEAD RD City: BOARDMAN  
 Owner at time the well was constructed, (if known): \_\_\_\_\_  
 If the property had a different street address in the past: \_\_\_\_\_

**III. GENERAL WELL INFORMATION** (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION  
 Date Well Constructed: \_\_\_\_\_ Total Well Depth: 544 Casing Diameter: 8 INCH  
 Other Information: WELL ALTERED TWICE PREVIOUSLY

SUBMITTED BY (please print): BARRY SANFORD WELL INSPECTOR NORTH CENTRAL REGION  
 PHONE: 541-278-5456 FAX: 541-278-0287

Old Well I.D. # = 90285 New Well I.D. # = 94952  
 (lost or destroyed)

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>12-31-12</u>	Well Log Number: <u>MORR 51984</u>	Well Identification #: <u>94952</u>

**RECEIVED BY OWRD**