		WELL I.D. LABEL#	Page 1 of 1
STATE OF OREGON	MORR) 54 9	<i>17</i> 07	
WATER SUPPLY WELL REPORT	4/0/201	START CARD #	1016215
(as required by ORS 537.765 & OAR 690-205-0210)		2 ORIGINAL LOG #	MORROW 51528
(1) LAND OWNER Owner Well I.D.	•		
First Name Last Name	(9)) LOCATION OF WELL (legal (description)
Company SAGE HOLLOW RANCH		inty MORROW Twp 3.00 N N	
Address 362 INDEPENDANCE RD	G	10 NE 1/4 of the NE	
	ening Conversion Lat	Map Number ' or' or	DMS or DD
Alteration (complete 2a & 10)		ng° ' " or	DMS or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl I	Plstc Wld Thrd	Street address of well	earest address
		LINE RD & HOMESTEAD RD	
Material From To Amt s			
	Sacks		
(3) DRILL METHOD	(10)) STATIC WATER LEVEL	
Rotary Air Rotary Mud Cable Auger	Cable Mud	Date	Stratport Stratt
Reverse Rotary Other		Existing Well / Pre-Alteration 4/4/2012 Completed Well 4/6/2012	
			<u>360</u>
(4) PROPOSED USE Domestic X Irrigation		Flowing Artesian?	
Industrial/ Commericial Livestock Dewater	*	TER BEARING ZONES Depth w	ater was first found
Thermal Injection Other	S	SWL Date From Es	t Flow SWL(psi) + SWL(ft)
(5) BORE HOLE CONSTRUCTION Speed	eial Standard (Attach copy)		
Depth of Completed Well <u>520.00</u> ft.			
	EAL sacks/		
Dia From To Material F	rom To Amt lbs		
8 0 544			
) WELL LOG Ground Elevation	
		Ground Elevano	
How was seal placed: Method A B		Material	From To
Other			
Backfill placed from ft. to ft. Ma			
Filter pack from ft. to ft. Material _	Size		
Explosives used: Yes Type Amo	unt		
(5a) ABANDONMENT USING UNHYDRATE	D BENTONITE		
Proposed Amount Actual A			
(6) CASING/LINER			
	auge Stl Plstc Wld Thrd		
	301 • • • •		
	301 0 0 🗙 🗌 🛏		
Shoe Inside Outside Other Loca	tion of shoe(s)		
Temp casing Yes Dia From	То		
(7) PERFORATIONS/SCREENS			
Perforations Method			
Screens Type VWIRE SPIRA	L Material SS Da	te Started4/4/2012 Com	plete 4/6/2012
Perf/ Casing/ Screen Scrn/slot	Slot # of Tele/		
Screen Liner Dia From To width	lengui siots pipe size	nbonded) Water Well Constructor Certif	
Screen Liner 7.5 484 504 .1		ertify that the work I performed on the c	
		andonment of this well is in compliant nstruction standards. Materials used and in	
		best of my knowledge and belief.	mormation reported above are true to
			Date
		cense Number D	
(8) WELL TESTS: Minimum testing time is 1 hou	1 519	gned	
Pump Dailer Air	Flowing Artesian		
Yield gal/min Drawdown Drill stem/Pump of	lepth Duration (hr) (bo	onded) Water Well Constructor Certifica	tion
300 520 1		ccept responsibility for the construction, c	
	wo	rk performed on this well during the constru-	uction dates reported above. All work
		formed during this time is in complian	
		astruction standards. This report is true to the	
Water quality concerns? Yes (describe below) TDS amount		cense Number 1881 D	ate <u>4/9/2012</u>
From To Description	Amount Units		
		GARRY L ZOLLMAN (E-filed)	
		ntact Info (optional) Garry Zollman	
	I I		

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:



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): Mailing Address: 3620 INDEPEN	SAGE HOLLOW RANCH		
Mailing Address: 3620 INDEPEN	NDANCE RD		
City: SUNNYSIDE	State: WA	Zip:	98944
Mailing Address (to send Well I.D.):			
City:	State:	Zip:	
II. <u>WELL INFORMATION</u> (Do no	nt complete this section if the well repor	rt is attached.)	
Township: 3 N	(North/South) Range: 26 E	(East/West)	Section: 10
Tax Lot: 1001	County: MORROW NE		1/4
Street Address of Well: POLELIN	(North/South) Range: 26 E County: MORROW NE E & HOMESTEAD RD	(Last west) 	DMAN
Owner at time the well was construct			
If the property had a different street a	ddress in the past:		
	TION (Do not complete this section if		
Use of Well (domestic, irrigation, con	nmercial, industrial, monitoring): IRR	IGATION	
Date Well Constructed:	Total Well Depth: 544 RED TWICE PREVIOUSLY	Casing	Diameter: 8 INCH
Other Information: WELL ALTER	RED TWICE PREVIOUSLY		
	RRY SANFORD WELL INSP FAX: 541-	PECTOR NORTH CE	NTRAL REGION
Old Well 1.0. # = 90	225 New Well	1. (p:# = 94°	152
(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.

For Offic	cial Use Only by the Oregon Water Resources	Department:
Received Date:	Well Log Number:	Well Identification #:
12-31-12	MORR 51984	94952
	RECEIVED BY C	
Last Update: 11/04/08	Well I.D. Number/ 1	WCC

DEC **31** 2012

SALEM, OR