

MORR 52131

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 96348

START CARD # 1019186

(1) LAND OWNER

Owner Well I.D. Inland Well 4

First Name R.D. Last Name Offut

Company Threemile Canyon Farms

Address 75906 Threemile Road

City Boardman State OR Zip 97818

(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 966 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
30	0	57	Cement	0	57	62	S
24	57	518	Cement	0	518	779	S
20	518	966					

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"/>	26		0	57	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	20		1	518	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Per/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
green	Liner	Dia	From	To	width	length	slots	pipe size

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

<input checked="" type="radio"/> Pump	<input type="radio"/> Bailer	<input type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,200	14	520	24

Temperature 74 °F Lab analysis Yes By Anatek Labs

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MORROW Twp 3 N N/S Range 24 E E/W WM

Sec 14 NW 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 45.739164 DMS or DD

Long _____ " or -119.776118 DMS or DD

Street address of well Nearest address

Tower Road and Radar Range Road

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	05-16-2013		198.8

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 174

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
03-30-2013	174	197	100		62
04-20-2013	417	431	200		185
05-11-2013	524	538	5,000		198.8
05-12-2013	585	639	5,000		198.8
05-16-2013	740	750	5,000		198.8

(11) WELL LOG

Ground Elevation 613

Material	From	To
Notes:		
Mud rotary drilling - 0-57ft and 280ft-305ft		
Direct air rotary drilling - 57ft-280ft and 305ft-518ft		
Reverse air rotary drilling - 518ft-968ft		
silty fine sand caliche at 20'	0	20
red/brown clay	20	47
weathered basalt	47	56
hard basalt	56	142
blue green clay unstable	142	174
soft vesicular basalt	174	197
hard basalt	197	260
green claystone	260	280
soft vesicular basalt	280	287
hard basalt glassy texture	287	399
green claystone	399	417
soft vesicular basalt	417	431
hard basalt	431	483
green claystone	483	492

Date Started 03-23-2013 Completed 05-19-2013

(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 1937 Date 08-19-2013

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 1934 Date 08-19-2013

Password: (if filing electronically) _____
Signed _____
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.96

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WATER SUPPLY WELL REPORT -
continuation page

WELL I.D. # L 96348

START CARD # 1019186

(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	Casing/Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	Liner	Dia	From	To	width	length	slots	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)
05-17-2013	781	787	1,000		198.8
05-18-2013	833	878	2,000		198.8

(11) WELL LOG

Material	From	To
weathered basalt	492	524
broken vesicular basalt	524	539
hard basalt	539	585
broken vesicular red & black basalt	585	638
hard basalt	638	740
hard soft vesicular basalt	740	750
hard basalt	750	781
soft vesicular basalt	781	787
hard basalt	787	833
broken vesicular read & black basalt	833	878
hard basalt	878	966

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AUG 20 2013
SALEM OR

Comments/Remarks

Map of well



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AUG 30 2013

SALEM, OR