

FEB 06 2017

WELL I.D. LABEL# L 117310
START CARD # 1032722
ORIGINAL LOG # MORR 52314

Revisions Requested

(1) LAND OWNER

Owner Well I.D. BATCH PLANT SALEM OR
First Name GREG Last Name TE TEVELDE
Company WILLOW CREEK DAIRY
Address 5850 AVENUE 160
City TIPTON State CA Zip 93272

(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
	18		0	155	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Material		From	To	Amt	sacks/lbs			
Seal:	Bentonite		0	32	69	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 902.00 ft.

BORE HOLE			SEAL			sacks/lbs
Dia	From	To	Material	From	To	Amt
18	0	160	Cement	0	380	729 S
14	160	450			Calculated	90.28
9.88	450	902			Calculated	

How was seal placed: Method A B C D E

Backfill placed from 800 ft. to 902 ft. Material CEMENT

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10		2	380	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14		0	160	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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/ Screen	Casing/ Liner	Screen Dia	From	To	Scrnm/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)
400		700	3

Temperature 69 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 200 PPM
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County MORROW Twp 3.00 N N/S Range 26.00 E E/W WM
Sec 16 NW 1/4 of the SW 1/4 Tax Lot 500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

NEAREST: WEST OF POLINE RED ANF HOMESTEAD IN BOARDMAN.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+ SWL (ft)
Existing Well / Pre-Alteration	10/24/2016		33
Completed Well	12/12/2016		346

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 248.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10/27/2016	248	265	25		43
11/1/2016	410	438	200		346
11/18/2016	692	699	200		346

(11) WELL LOG

Ground Elevation _____

Material	From	To
existing hole	0	155
black basalt	155	232
hard brown clay	232	240
softer brown clay	240	248
broken brown basalt	248	257
blue clay w/big gravels	257	265
fractured black basalt	265	317
vesicular black basalt	317	338
med black basalt	338	410
vesicular black basalt	410	438
med black basalt	438	585
hard black basalt	585	660
med black basalt	660	692
vesicular black w/seems of blue clay	692	699
med black basalt	699	740
hard grey basalt	740	902

RECEIVED BY OWRD
DEC 22 2016
SALEM, OR

Date Started 10/25/2016 Completed 12/2/2016

(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 1766 Date 12/19/2016

Signed BRANDON C BROWN (E-filed)

Contact Info (optional) brandon@waterwelldeveloping.com

