Mor 52439

MORR 52439

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

| | | | Page 1 of 2 |
|--------------------|---------|-------|-------------|
| WELL I.D. LABEL# L | 109714 | | |
| START CARD # | 1033154 | | |
| ORIGINAL LOG# | MORROW | 52027 | |

| (1) LAND OWNER Owner Well I.D. | |
|---|--|
| First Name JOHN Last Name VANDENBRINK | (9) LOCATION OF WELL (legal description) |
| Company P.O. POY 166 | County MORROW Twp 1.00 S N/S Range 24.00 E E/W WM |
| Address P.O. BOX 165 City IONE State OR Zip 97843 | Sec <u>22 NE 1/4 of the SE 1/4 Tax Lot 3500</u> |
| (2) TYPE OF WORK New Well Deepening Conversion | Tax Map Number Lot Lat "or DMS or DD |
| X Alteration (complete 2a & 10) Abandonment(complete 5a) | Lat OMS or DD |
| (2a) PRE-ALTERATION | Long or DMS or DD |
| | (Street address of well (Nearest address |
| Casing: 8 × 2 18 .25 • × | MORTER LN. IONE, OR |
| Material From To Amt sacks/lbs Seal: Bentonite Chips 0 16 13 Sacks | |
| (3) DRILL METHOD | (10) STATIC WATER LEVEL |
| | Date SWL(psi) + SWL(ft) |
| Reverse Rotary Other | Existing Well / Pre-Alteration Completed Well |
| (4) PROPOSED USE Domestic Irrigation Community | Flowing Artesian? Dry Hole? |
| Industrial/ Commercial Livestock Dewatering | |
| Thermal Injection X Other TEST HOLE | • |
| | 4, |
| (Attach copy) Depth of Completed Well 1393.00 ft. | 'l |
| BORE HOLE SEAL sacks/ | |
| Dia From To Material From To Amt lbs | |
| 12 0 18 Cement 600 820 125 S | |
| 8 18 1393 Calculated 75 | |
| Calculated | (11) WELL LOG Ground Elevation |
| How was seal placed: Method A XB C D E | Material From To |
| Other | Waterial Troil 10 |
| Backfill placed from ft. to ft. Material | RECEIVED BY OWRD |
| Filter pack from ft. to ft. Material Size | |
| Explosives used: Yes Type Amount | JUL 2 7 2017 |
| (5a) ABANDONMENT USING UNHYDRATED BENTONITE | JUL 2 8 20 |
| Proposed Amount Actual Amount | _ |
| | SALEM, OR |
| (6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd | |
| | |
| | |
| | |
| | |
| Shoe Inside Outside Other Location of shoe(s) | |
| Temp casing Yes Dia From + To | |
| | |
| (7) PERFORATIONS/SCREENS Perforations Method | |
| Screens Type Material | Date Started7/6/2017 Completed 7/12/2017 |
| Perf/ Casing/Screen Scrn/slot Slot # of Tele/ | |
| Screen Liner Dia From To width length slots pipe size | (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 1963 Date 7/24/2017 |
| (8) WELL TESTS: Minimum testing time is 1 hour | Signed JOHN KLINE (E-filed) |
| Pump Bailer Air Flowing Artesian | |
| Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) | (bonded) Water Well Constructor Certification |
| | I accept responsibility for the construction, deepening, alteration, or abandonmen work performed on this well during the construction dates reported above. All world |
| | performed during this time is in compliance with Oregon water supply well |
| Temperature 74 °F Lab analysis Yes By | construction standards. This report is true to the best of my knowledge and belief. |
| | License Number 1881 Date 7/24/2017 |
| Water quality concerns? Yes (describe below) TDS amount To Description Amount Units | l |
| | Signed GARRY L ZOLLMAN (E-filed) |
| - - - - - - - - | Contact Info (optional) Garry Zollman |
| | <u></u> |

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Amount Units

WATER SUPPLY WELL REPORT - continuation page

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| ORIGINAL LOG# | MORROW | 52027 |

| a) PRI | E-AI | TERA | TIC | ON | | | | | | | | - |
|--------|-------|-------|------------------|------|---------|----------------|---------------|--------|-------|--------|-----|-------|
| Dia | + | From | T | 0 0 | iauge | Stl | Plstc | Wld | Thi | rd | | |
| | | | _ | | | 8 | | | | | | |
| Mat | erial | | I | From | To | A | mt s | acks/l | bs | | | |
| Сетелі | | | $\exists \vdash$ | 16 | 18 | \blacksquare | 1 | Sack | S | | | |
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|) BOR | E H | OLE C | ON | STRU | JCTI | ON | | | | | | |
| BO | RE H | OLE | | | | | S | SEAL | , | | | sacks |
| Dia | From | ı To | | M | aterial | | F | rom | | To | Amt | lbs |
| | | - | | | | _ | | | `alcı | ılated | | |
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Calculated Calculated

| (10) STATIC WATER LEVEL | | | | | | | | | | |
|-------------------------|----------|----------|----------|----------|-------------|--|--|--|--|--|
| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) | | | | | |
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Description

| | Calculated |
|------|------------|
| | |
| Size | |
| | |
| | |
| | |
| | Size |

| $\overline{(11)}$ | WELL | LOG |
|-------------------|------|-----|
| (/ | | ~~~ |

Water Quality Concerns

To

From

| Casing Liner | Dia | + | From | То | Gauge | Stl | Pistc ' | Wld | Thrd |
|--------------|-----|---|------|----|-------|-----|---------|-----|------|
| | | | | | | | | | |

| Material | From | To |
|---------------------------------------|--------------|----------------|
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| RECEIVED BY OWRD | | |
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| JUL 2.7 2017 | | |
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| SALEM, OF | | |
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(7) PERFORATIONS/SCREENS

(6) CASING/LINER

| | Casing/ Liner | | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|----------|--|-----|------|----|--------------------|----------------|---------------|--------------------|
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Comments/Remarks

Per letter dated 4/20/16 from OWRD. Well had a thieving zone from 650' to 800'. Estimated 2-3 gpm loss of water. Cemented from 600' to 820' to stop loss. Note: Lost 1.25" tremie pipe in hole after cementing. Left in hole.

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

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

File T-11689 Permit G-17360