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
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Amount Units

WATER SUPPLY WELL REPORT - continuation page

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BO	RE H	OLE					S	SEAL	,			sacks
Dia	From	ı To		M	aterial		F	rom		To	Amt	lbs
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Calculated Calculated

(10) STATIC WATER LEVEL										
SWL Date	From	То	Est Flow	SWL(psi)	+ SWL(ft)					
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	<u>L</u>									

Description

	Calculated
Size	
	Size

$\overline{(11)}$	WELL	LOG
(/		

Water Quality Concerns

To

From

Casing Liner	Dia	+	From	То	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To
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RECEIVED BY OWRD		
TILOLIVED BY OWND		
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JUL 2.7 2017		
		
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