

STATE OF OREGON
WATER SUPPLY WELL REPORT

MORR 52783

WELL I.D. LABEL# L

43418

START CARD #

1046094

ORIGINAL LOG #

MORROW 50799

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

1/24/2023

(1) LAND OWNER

Owner Well I.D. #1

First Name JOHN Last Name VANDENBRINK

Company

Address PO BOX 165

City IONE State OR Zip 97843

(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 Thrld

Material From To Amt sacks/lbs
Seal: Cement 0 66 31 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 1313.00 ft.

BORE HOLE

Table with columns: Dia, From, To, Material, SEAL, Amt sacks/lbs

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 69 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 156 ppm

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County MORROW Twp 1.00 S N/S Range 24.00 E E/W WM

Sec 28 SW 1/4 of the SE 1/4 Tax Lot 3501

Tax Map Number _____ Lot _____

Lat _____ or 45.44456851 DMS or DD

Long _____ or -119.83091833 DMS or DD

Street address of well Nearest address

66975 MORTOR LANE, IONE, OR 97843

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 620.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To

Date Started 1/15/2020 Completed 2/5/2020

(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 1985 Date 1/24/2023

Signed ALEXANDER SIMONTON (E-filed)

(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 1881 Date 1/24/2023

Signed GARRY ZOLLMAN (E-filed)

Contact Info (optional) GARRY ZOLLMAN

**WATER SUPPLY WELL REPORT -
continuation page**

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ORIGINAL LOG #

MORROW 50799

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material From To Amt sacks/lbs

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
						Calculated	
						Calculated	
						Calculated	
						Calculated	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks


CONSULTED WITH OWRD - ERIK, WELL INSPECTOR FOR DEEPENING WELL
ERIK CONSULTED WITH JOSH & JUSTIN ON PROJECT

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MORR 52783

1/24/2023

Map of Hole

<p>STATE OF OREGON WELL LOCATION MAP</p>	<p>Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900</p>	
<p>This map is supplemental to the WATER SUPPLY WELL REPORT</p>		
<p>LOCATION OF WELL</p>	<p>Well Label: 43418</p>	
<p>Latitude: 45.44456851 Datum: WGS84</p>	<p>Printed: January 24, 2023</p>	
<p>Longitude: -119.83091833</p>	<p><small>DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.</small></p>	
<p>Township/Range/Section/Quarter-Quarter Section: WM1.00S24.00E28SWSE</p>	<p><small>Provided by well constructor</small></p>	
<p>Address of Well: 66975 MORTOR LANE, IONE, OR 97843</p>		

