## STATE OF OREGON WATER WELL REPORT

HOPER 635

RECEIVED 3 N 23 E 3 NW NW
SEP 2 8 1985

| • | (as required by ORS 537.765) | PLEASE TYPE or PRINT IN INK WATER RESC | OURCES DEPT (for official use only) |
|---|------------------------------|--|-------------------------------------|
|   | ~                            | SALSM.                                 | OREGON                              |

| (1) OWNER:   | (10) LOCATION OF WELL by legal description:  |
|--|--|
| Name Simplot teedlot   | County Morroce Swy 5w4 of Section 27 of  |
| Address 3 Mile cangon  | Township 4/1/ Renge 23 F WM  |
| City Boardman State ORF  |  |
| (2) TYPE OF WORK (check):  |  |
|  |  |
| •  | - Colora / Courante  |
| If abandonment, describe material and procedure in Item 12.  | (4.1) WARRED I DIVER A COLEDY DEED WAY   |
|  |  |
|  |  |
| Rotary Mud Dug Irrigation Withdrawal Reinjection   | Static level 2 8 ft. below land surface. Date  |
| Other:   | Artesian pressure lbs. per square inch. Date   |
| Treatment a diomining a rest   | (12) WELL LOG: Diameter of well below casing /6  |
| 7) CASING INSTALLED: Steel Plastic   |  |
|  | Closestic   Clos |
| The state of the s | and nature of each stratum and aquifer penetrated, with at least one entry for each change of  |
| _ ,  |  |
| LINER INSTALLED: Steel   Plastic   | MAMPHAL  |
|  |  |
| "Diam. from  |  |
| (6) PERFORATIONS: Perforated?  Yes  No   |  |
| <u>.</u>   |  |
| perforations from  |  |
| ·  |  |
| - · · · · · · · · · · · · · · · · · · ·  |  |
|  |  |
| (7) SCREENS: Well screen installed?  \[ \subseteq \text{Yes} \subseteq \text{No} \]  | Drey Sasalt 215 270  |
| Manufacturer's Name  | Blue (lay 270 588  |
| TypeModel No   | Visicular Baselt 588 610 WB  |
| Diam Slot Size Set from ft. to ft.   | Black Basalt 610 730   |
| Diam. Slot Size Set from ft. to ft.  | Drey Basalt 730 785  |
| (8) WELL TESTS: Drawdown is amount water level is lowered  | VISICULAR Basalt 785 816 WB  |
| below static level   | Black Basult 810 825   |
| Was a pump test made?  Yes  No If yes, by whom? Layne Pump   | Red ciaders 825 875 WB   |
| d: will test gal Drive with f ft. drawdown after hrs.  | Vilular Basalt 835 860 NB  |
| и  | Fractured Black Basil 860 875  |
| Air test / OO + gal./min. with drill stem at \$ 40 ft. \$ hrs.   |  |
| Bailer test gal./min. with ft. drawdown after hrs.   |  |
| Artesian flow g.p.m.   |  |
| Depth artesian flow encounteredft.   |  |
| (9) CONSTRUCTION: Special standards: Yes \( \subseteq \) No \( \subseteq \)  | Date work started 3 - 7- 85 /completed 9 - 9 - 85  |
|  | Date well drilling machine moved off of well 9-9 1985  |
|  | (unbonded) Water Well Constructor Certification (if applicable):   |
| 5.74   | This well was constructed under my direct supervision. Materials used and  |
| 247  | information reported above are true to my best knowledge and belief.   |
|  | [Signed] Pote 9-10 10 85   |
| How was cement grout placed? Duna sed from   |  |
| SS ft the land surface.  | (bonded) Water Well Constructor Certification:   |
|  |  |
| Wes numn installed?  | (Surety Company Ivame)   |
|  |  |
|  | This well was drilled under my invitable and the   |
|  | best of my knowledge and belief:   |
|  | SIR /  |
| Method of sealing strata off   |  |
|  |  |
| Gravel placed from   | Test   |



**Oregon Water Resources Department** 725 Summer Street NE, Suite A Salem Oregon 97301 (503) 986-0900

## **Application for Well ID Number**

**RECEIVED** 

MAR 0 4 2022

Do not complete if the well already has a Well Identification Number.

|  |                                   |                  |                |                 | <b>OWRD</b>     |
|--|-----------------------------------|------------------|----------------|-----------------|-----------------|
| OWNER INFORMATION  |                                   |                  |                |                 |                 |
| Current Owner Name (please print): Three   | emile Canyon Farms, LLC           |                  |                | <u></u>         |                 |
| Mailing Address: 75906 Threemile Roa   | ad                                |                  |                |                 |                 |
| city, State, Zip: Boardman, OR 97818   |                                   |                  |                |                 |                 |
| Mail Well ID to: SAME AS ABOV  | E In Care Of (C/O)                |                  |                |                 |                 |
| lame & Address: see above  |                                   |                  |                |                 |                 |
| Sity, State, Zip:  |                                   |                  |                |                 |                 |
| i. <u>WELL LOCATION INFORMATION</u> (Please )  ownship: 3 N (North / South) Rang           | e: 23 E (East / West) Section     | on:_3            |                | _ 1/4 of the _  | NW 1/4          |
| ax Lot (usually last 3-5 numbers of Tax Ma   | p #): 100                         | County_Mon       | -              |                 | _               |
| PS Coordinates: <u>45.174353x</u><br>treet Address of Well, City: <u>Threem</u>            | 3 -119.4324420 (                  | er we map        |                | · <del></del>   | _               |
| treet Address of Well, City: Ihrelmi   | 1e Rd + Sim-Tag Lh Co             | mer ot)          | <del></del>    | <del> '</del>   |                 |
| I. GENERAL WELL INFORMATION (Please finese for Well (domestic, irrigation, commerci        |                                   |                  | of Well Re     | port, if availa | ble)            |
| ate Well Constructed (or property built):  |                                   |                  | Ca             | sing Diameter   | 16"             |
| wner at time the well was constructed (if  |                                   |                  |                |                 |                 |
| ther Information:  |                                   | well kepol       | יו אין וו אווט | wii):           |                 |
| UBMITTED BY (pleose print): Greg Harr  |                                   |                  |                |                 |                 |
| HONE: (541) 481-9274   | EMAIL &/or FAX: gharris           | @rdoffutt.com    | 1              |                 | -               |
| o send the completed application, you may to<br>be EMAIL the completed PDF form to: Ladeen | MAIL it to: Oregon Water Resource | s Dept. 725 Summ | ner St NE, S   | uite A, Salem,  | Oregon 97301.   |
| For Officia  | ol Use Only by the Oregon Woter   | Resources Depart | tment:         | ···             |                 |
| Received Date:   | Well Report Nur                   | nber:            |                | Well Ide        | entification #: |
| 3-4-22   | MORR 63                           | 5                |                | L-1             | 46803           |