

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

WELL #1
WELL I.D. #L 66039
START CARD # 172218

(1) OWNER:

Well Number

Name TIM WALLENDER MILLER LAGRANDE RANCHES LLC
Address 65302 AIRPORT LANE
City LA GRANDE State OR Zip 97850

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☒ Other REVERSE

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 346 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
24"	0	350	CEMENT	0	8	2 YRDS
			BENTONITE	8	40	6000 lbs

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other DRY POUR
Backfill placed from _____ ft. to _____ ft. Material N/A
Gravel placed from 40 ft. to 350 ft. Size of gravel 3/8

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	+2	70	.375	☒	☐	☒	☐
	110	125	.375	☒	☐	☒	☐
	135	210	.375	☒	☐	☒	☐
	230	275	.375	☒	☐	☒	☐
	295	325	.375	☒	☐	☒	☐
	16"	335	.375	☒	☐	☒	☐

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☒ Screens Type WIRE WRAP Material M.S.

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
70	110	.035		16"		☒	☐
125	135	.035		16"		☒	☐
210	230	.035		16"		☒	☐
275	295	.035		16"		☒	☐
325	335	.035		16"		☒	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600	130'		3 hr.

Temperature of water 59 Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County UNION Latitude _____ Longitude _____
Township 2 N or S Range 39 E or W. WM.
Section 27 NE 1/4 NE 1/4
Tax Lot 9300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BOOTH LANE + RUCKMAN Rd

(10) STATIC WATER LEVEL:

15 ft. below land surface. Date 7-15-05
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
ALL SANDS + GRAVELS	RECEIVED		
BELOW 65'			
		SEP 01 2005	
		WATER RESOURCES DEPT	
		SALEM, OREGON	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
SAND SOME CLAY	4	15	
BROWN + BLUE CLAY	15	59	
BRN CLAY, FINE SAND	59	65	
FINE-MED SAND	65	71	-
BRN CLAY SOME SAND	71	75	
FINE-MED SAND, SOME GRAVEL	75	88	
BRN CLAY w/SAND STREAKS	88	103	
FINE-MED SAND	103	110	
BRN CLAY	110	126	
MED SAND	126	134	
CLAY	134	211	
COARSE SAND	211	214	
GREY CLAY	214	297	
FINE SAND	297	301	
GREY CLAY	301	326	
MED SAND	326	335	
GREY CLAY	335	350	

Date started 7-1-05 Completed 8-2-05

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed Justin Chum WWC Number 1764
Date 8-20-05

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed Justin Chum WWC Number 1906
Date 8-30-05