

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 I.D. # L 66038
START CARD # 172241
WELL # 2

(1) LAND OWNER Well Number _____
Name TIM WALLENDER MILLER LAGRANDE RANCHES LLC
Address 65302 AIRPORT LANE
City LAGRANDE 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 362 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
24"	0	365	CEMENT	0	8	2 yd
			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 365 ft. Size of gravel 3/8

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	74	96	.375	☒	☐	☒	☐
16"	96	136	.375	☒	☐	☒	☐
16"	136	172	.375	☒	☐	☒	☐
16"	172	297	.375	☒	☐	☒	☐
16"	297	362	.375	☒	☐	☒	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☒ Screens Type WIRE WRAP Material M.S.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
74	84	.035		16"		☒	☐
96	136	.035		16"		☒	☐
172	182	.035		16"		☒	☐
297	357	.035		16"		☒	☐

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

Flowing	Drawdown	Drill stem at	Time
☒ Pump ☐ Bailer ☐ Air ☐ Artesian			
<u>600</u> gal/min	<u>151</u>		<u>3</u> 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 NW 1/4 NW 1/4
Tax Lot 9300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BOOTH LANE + RUCKMAN RD

(10) STATIC WATER LEVEL:
11'6" ft. below land surface. Date 8-3-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 73'

From	To	Estimated Flow Rate	SWL
ALL SANDS AND GRAVEL BELOW	73'	RECEIVED	
		SEP 01 2005	

WATER RESOURCES DEPT
SALEM, OREGON

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	10	
BRN + BURNT CLAY	10	27	
FINE-MED BLUE SAND	27	35	
BRN CLAY	35	69	
SOFT SANDSTONE	69	73	
MED SAND	73	84	-
BRN CLAY	84	102	
MED SAND	102	107	-
BRN CLAY	107	111	
MED SAND	111	113	-
SOFT SANDSTONE	113	115	
MED SAND	115	125	-
BRN CLAY SOME SAND MIX	125	131	-
SM GRAVEL	131	136	
HARD SHALE	136	140	
GREY CLAY	140	175	
FINE SAND	175	183	-
GREY CLAY	183	300	
FINE SAND, SM CLAY LAYERS	300	357	-
GREY CLAY	357	365	

Date started 7-18-05 Completed 8-5-03

(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.

WVC Number 1764
Signed [Signature] Date 8-30-05

(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.

WVC Number 1506
Signed [Signature] Date 8-30-05