

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # 97469START CARD # 199768

(1) LAND OWNER Owner Well I.D. #2
 First Name Daniel Last Name Henth
 Company Bent Creek Quarter Horse Ranch LLC
 Address 55959 Hwy 244
 City La Grande State OR Zip 97850

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(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 208 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14	0	26	Cement	0	56	56	56 lbs
12	26	208					

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 _____

(6) CASING/LINER		Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing	Liner									
☒	☐	10		13	55	2.62	☒	☐	☒	
☐	☐						☐	☐	☐	
☐	☐						☐	☐	☐	
☐	☐						☐	☐	☐	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 55

Temp casing ☒ Yes Dia 14 From 0 To 14

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen			Scrn/slot	Slot	# of	Tele/	
creen	Liner	Dia	From	To	width	length	slots	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)
350		206	2 hrs

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Union Twp 23 N/S Range 36E E/W WM
 Sec 15 SE 1/4 of the SE 1/4 Tax Lot 700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
☒ Street address of well ☐ Nearest address

55959 Hwy 244

(10) STATIC WATER LEVEL

Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 12-1-08 27'
 Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 200

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-1-08	149	208	340		27'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP Soil	0	2
Brown Clay & Gravel	2	12
BLACK BASALT	12	60
Blue Rock	60	93
Gray Rock	93	110
Brown Basalt	110	130
Black Basalt	130	208

RECEIVED

JAN 15 2009

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 11-26-08 Completed 12-02-08

(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 1640 Date 1-10-09

Password: (if filing electronically)

Signed _____

(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 415 Date 1-10-09

Password: (if filing electronically)

Signed _____

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version 0.89