UNIO 52062

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 97468
START CARD # 199773

(1) LAND OWNER Owner Well I.D. #1
First Name Daniel Last Name Hemth
Company Bear Creek Quarter Horse Ranch LLC
Address 55959 Hwy 244
City LaGrande State OR Zip 97850

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community [ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] Attach copy)
Depth of Completed Well 200 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
14"	0	54	Cement	0	54	38	sacks
10	54	200					

How was seal placed: Method [ ] A [ ] B [X] 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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
X		10		+3	57	.250	X		X	

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 57
Temp casing [X] Yes Dia 14 From 0 To 28

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
				NONE				

(8) WELL TESTS: Minimum testing time is 1 hour
( ) Pump ( ) Bailer (X) Air (X) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
350		195	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 3S N/S Range 36E E/W WM
Sec 15 1/4 of the SE 1/4 Tax Lot 200
Tax Map Number 55 Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(X) Street address of well ( ) Nearest address
55959 Hwy 244 LaGrande OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-24-08	6		F

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 192

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
F	145	200	350	6		F

(11) WELL LOG Ground Elevation

Material	From	To
Top Soil	0	3
Brown Clay Gravel	3	25
Black Basalt	25	54
Blue Rock	54	92
Brown Basalt	92	122
Brown Basalt w Clay Seams	122	142
Black Basalt	142	200

RECEIVED BY OWRD
RECEIVED
SEP 11 2013
JAN 15 2009
SALEM, OR
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-19-08 Completed 11-25-08

(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 Robert N Stoffel
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

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