

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

WELL LABEL # L 100215

START CARD # 1017945

(1) LAND OWNER Owner Well I.D. _____
 First Name ROB Last Name LANE
 Company LANE FARMS
 Address 60215 PEACH
 City LaGRANDE 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 455 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
28	0	460	Bentonite Chips	0	27	10,000 P
			Cement	27	109	60,000 P

How was seal placed: Method A B C D E

Other DRY POUR BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 109 ft. to 460 ft. Material GRAVEL Size pea gravel

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	2	143	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	183	195	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	215	233	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	253	273	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	293	345	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type WIRE WRAP Material MILD STEEL

Perf/S	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
creen	Liner					width	length	slots	pipe size
Screen	Casing		16	143	183	.03			
Screen	Casing		16	195	215	.03			
Screen	Casing		16	233	253	.03			
Screen	Casing		16	273	293	.03			
Screen	Casing		16	345	355	.03			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,000	241	300	9

Temperature 55 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County UNIO Twp 3 S N/S Range 39 E E/W WM
 Sec 16 SE 1/4 of the SW 1/4 Tax Lot 4400
 Tax Map Number _____ Lot _____
 Lat _____ " or 45.297158 DMS or DD
 Long _____ " or -117.94759 DMS or DD
 Street address of well Nearest address

APPROX 3/4 MILE N. EAST OF ADDRESS 60215 PEACH RD,
 LaGRANDE OR

(10) STATIC WATER LEVEL Date _____ SWL(psi) _____ + SWL(ft) _____
 Existing Well / Predeepening _____
 Completed Well 11-19-2012 _____ + 42.3
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10-03-2012	45	70			42.3
10-03-2012	95	132			42.3
10-04-2012	140	181			42.3
10-04-2012	193	225			42.3
10-06-2012	235	252			42.3

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	8
BROWN CLAY	8	23
BLUE CLAY	23	45
COARSE SAND W/CLAY STREAK	45	70
BROWN CLAY	70	82
GREY CLAY	82	95
COARSE SAND	95	132
GREY CLAY	132	140
COARSE SAND, PEA GRAVEL	140	181
GREY CLAY	181	193
COARSE SAND	193	225
GREY CLAY W/ SAND STREAKS	225	235
COARSE SAND	235	252
GREY CLAY	252	270
SOFT SANDSTONE	270	275
COARSE SAND, PEA GRAVEL	275	293
GREY CLAY	293	319
COARSE SAND	319	333
GREY CLAY	333	341

Date Started 10-06-2012 Completed 11-19-2012

(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 provided above are true to the best of my knowledge and belief.

License Number _____ Date _____
 Password : (if filing electronically) DEC 26 2012
 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 1505 Date 12-13-2012
 Password : (if filing electronically) _____
 Signed [Signature]
 Contact Info (optional) _____

