

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

WELL LABEL # L 100217

START CARD # 1019057

(1) LAND OWNER Owner Well I.D. _____

First Name MARK Last Name DELINT
 Company DELINT FARMS
 Address 65324 ALICEL LANE
 City COVE State OR Zip 97824

(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 893 ft.

BORE HOLE			SEAL				sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs	
24	0	480	Granular Bentonite	0	55	7,700	P	
18	480	900	Cement	55	189	9405		

How was seal placed: Method A B C D E

Other Trimie and pump

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

Filter pack from 189 ft. to 900 ft. Material pea gravel Size pea gravel

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	2	205	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	246	278	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	298	348	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	368	388	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16	398	413	.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	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	16	205	246	.03				
Screen	Casing	16	278	298	.03				
Screen	Casing	16	348	368	.03				
Screen	Casing	16	388	398	.03				
Screen	Casing	16	413	433	.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)
250	48	440	6

Temperature 76 °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 2 S N/S Range 39 E E/W WM
 Sec 7 SW 1/4 of the SE 1/4 Tax Lot 7300
 Tax Map Number _____ Lot _____
 Lat _____ or 45.40233 DMS or DD
 Long _____ or -117.97918 DMS or DD
 Street address of well Nearest address

1/4 Mile South of the intersection of Alicel Ln and Wallowa Lake Hwy

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	05-20-2013		51

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 57

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
02-27-2013	57	73			51
03-04-2013	99	164			51
04-10-2013	172	186			51
04-12-2013	208	245			51
04-15-2013	279	294			51

(11) WELL LOG Ground Elevation _____

Material	From	To
Top soil	0	2
Sandy brown loam	2	32
Small blue and brown clay layers	32	57
Fine - med brown sand	57	73
Brown clay	73	99
Fine-med brown sand	99	164
Brown clay	164	172
Fine brown sand	172	186
Brown clay	186	208
Coarse brown sand	208	245
Brown clay	245	279
Med-coarse brown sand	279	294
Brown and blue clay layers	294	337
Fine - med blue sand	337	362
Blue clay	362	390
Med-coarse blue sand	390	396
Blue clay	396	414
Fine blue sand	414	433
Blue clay	433	510

Date Started 02-25-2013 Completed 05-20-2013

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the _____ 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 _____ Date JAN 23 2014

Password: (if filing electronically) _____

Signed _____ SALEM, OR

(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 08-15-13

Password: (if filing electronically) _____

Signed _____

Contact Info (optional) _____

