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

UNIO 52552

4/21/2016

WELL I.D. LABEL# L 119427
START CARD # 1030198
ORIGINAL LOG # UNION 52531

(1) LAND OWNER

Owner Well I.D.
First Name JONATHAN Last Name FREE
Company
Address 73533 JIMMY CR RD.
City NORTH POWDER State OR Zip 97867

(2) TYPE OF WORK

☐ New Well ☒ Deepening ☐ Conversion ☒ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:	8	☒	2	36	0.25	◉	○	☒	☐

	Material	From	To	Amt	sacks/lbs
Seal:	Bentonite Chips	0	28	25	Sacks

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 505.00 ft.

BORE HOLE

Dia	From	To
18	0	102
13.25	102	505

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	102	6500	P
		Calculated	6200	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	14	☒	2	102	0.25	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☒ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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)
2500		500	2

Temperature 60 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 207 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County UNION Twp 5.00 S N/S Range 39.00 E E/W WM
Sec 24 SW 1/4 of the SW 1/4 Tax Lot 2900
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
73533 JIMMY CR RD.
NORTH POWDER, OR 97867

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	4/4/2016		☐	72
Completed Well	4/18/2016		☐	72

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 110.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/5/2016	277	311	1000		☐	72
4/15/2016	388	450	1000		☐	72
4/18/2016	480	505	500		☐	72
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
EXISTING WELL	0	480
FRACTURED BASALT, BLACK	480	484
FRACTURED BASALT, GRAY	484	496
FRACTURED BASALT, CINDERS	496	505

Date Started 4/4/2016 Completed 4/18/2016

(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 Date

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 1775 Date 4/21/2016

Signed JASON ACQUISTAPACE (E-filed)

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: