

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

UNIO 52862

7/27/2020

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

135332

1047903

(1) LAND OWNER

Owner Well I.D. #1

First Name _____ Last Name _____
 Company LOWE FAMILY RANCH
 Address 55503 HWY 244
 City LAGRANDE State OR Zip 97850

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)
(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd
 Material From To Amt sacks/lbs
 Seal: _____

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 300.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
19	0	30	Bentonite	0	15	35	S
12	30	300			Calculated	29.73	
			Cement	0	140	55	S
					Calculated	52.22	

How was seal placed: Method ☐ A ☐ B ☒ C ☒ D ☐ E☒ Other POURED BENTONITE

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
☒	☐	12	☒	1.5	30	.375	☒	☐	☒	☐
☒	☐	10	☒	1.5	140	.25	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ + _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
								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)
850		300	2

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 150 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UNIO Twp 3.00 S N/S Range 36.00 E E/W WMSec 22 NW 1/4 of the NW 1/4 Tax Lot 900

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address55503 HWY 244, LAGRANDE, OR 97850

PERMIT #G-18399

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/22/2020			45
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 87.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/8/2020	87	130	40			13
7/8/2020	150	206	85			45
7/13/2020	240	297	765			45

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown Clay	0	9
Brown Clay & Cobbles	9	12
Brown Clay & Sand	12	23
Brown Basalt	23	37
Black Basalt	37	48
Red Basalt	48	62
Black/Brown Basalt	62	73
Black Basalt	73	87
Black Basalt w/Blue Claystone	87	99
Green Clay-Sticky	99	130
Black Basalt	130	150
Green Claystone	150	155
Black Basalt w/Green Claystone	155	168
Black & Red Basalt w/Green Claystone	168	180
Black/Brown Basalt	180	206
Black Basalt w/Green Claystone	206	240
Broken Black Basalt w/Green Claystone	240	247
Red Basalt w/Blue Gray Claystone	247	270
Broken Black with Red Basalt	270	281

Date Started 7/6/2020Completed 7/22/2020**(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 1963 Date 7/22/2020Signed JOHN KLINE (E-filed)**(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 1881 Date 7/22/2020Signed GARRY ZOLLMAN (E-filed)Contact Info (optional) Garry Zollman

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Irrigation Well drilled under Permit #G-18399 Well is caved in at 265ft
