

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

UNIO 53112

WELL I.D. LABEL# L

154507

START CARD #

1081562

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

5/21/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name FREDLast Name HAWKINS

Company _____

Address PO BOX 788City UNIONState ORZip 97883**(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☒ 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 273.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
30	0	15	Bentonite Chips	0	46	12000	P	
24	15	280				Calculated	9026	
14.75	280	400	Cement	46	110	115	S	
						Calculated	102	

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: SURFACE POURBackfill placed from 280 ft. to 400 ft. Material 3/4" BENTONITEFilter pack from 110 ft. to 280 ft. Material PEA GRAVEL Size 3/8" minExplosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 4/24/2026 Begin Time 08 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	14	☒	2	122	0.375	ST	☒			
C	14		131	148	0.375	ST	☒			
C	14		161	175	0.375	ST	☒			
C	14		197	203	0.375	ST	☒			

Temp casing ☒ Yes Dia 30 From + 0 To 15**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type Roscoe MossMaterial 304 Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	14	122	131	.04			Pipe Size
Screen	Casing	14	148	161	.04			Pipe Size
Screen	Casing	14	175	197	.04			Pipe Size
Screen	Casing	14	203	273	.04			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	1050	101	170	7

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 694 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County UNION Twp 3.00 S N/S Range 39.00 E E/W WMSec 28 SE 1/4 of the SE 1/4 Tax Lot 6800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.27106100 DMS or DDLong _____ ° _____ ' _____ " or -117.93725600 DMS or DD☐ Street address of well ☒ Nearest address65690 WILKINSON LN. LA GRANDE OR**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>5/20/2026</u>			<u>21</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 18.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

4/24/2026	18	280	1050		21

(11) WELL LOGGround Elevation 2692.30 FT

Material	From	To
Top Soil	0	10
Brown Clay	10	13
Blue Clay	13	15
Brown Clay	15	18
Coarse to Fine Black Sand	18	21
Blue Clay	21	25
Coarse to Fine Black Sand	25	26
Blue Clay	26	27
Medium to Fine Black Sand	27	28
Blue Clay	28	34
Coarse to Fine Black Sand	34	39
Blue Clay	39	44
Coarse to Medium Black Sand	44	49
Blue Clay	49	67
Coarse to Fine Black Sand	67	85
Blue Clay	85	98
Coarse to Fine Black Sand	98	105
Blue Clay	105	124
Coarse to Medium Black Sand	124	126

Construction

Begin Date 4/1/2026 Begin Time 12 00 End Date 5/20/2026**(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 2092 Date 4/24/2026Signed ADAM FUQUA (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 1505 Date 5/21/2026Signed TERRY DAUGHERTY (E-filed)Drilling Company: Riverside Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

UNIO 53112

5/21/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.27106100 Datum: WGS84

Longitude: -117.93725600

Township/Range/Section/Quarter-Quarter Section:
WM3.00S39.00E28SESE

Address of Well:
65690 WILKINSON LN. LA GRANDE OR

Well Label: 154507

Printed: April 24, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor



5/21/2026

Map of Hole



5/21/2026

Map of Hole

