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

**WALL 51251**
**3/29/2015**

**WELL I.D. LABEL# L** 115395
**START CARD #** 211118
**ORIGINAL LOG #**

## (1) LAND OWNER

Owner Well I.D.
First Name LIZA Last Name MCALISTER
Company 6 RANCH INC.
Address 66799 SUNRISE RD
City ENTERPRISE State OR Zip 97828

## (2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

## (2a) PRE-ALTERATION

| | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|
| Casing: | | | | | | | | | |

| | Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|
| Seal: | | | | | |

## (3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

## (4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [X] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 57.00 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|---|---|
| 12 | 0 | 20 | Bentonite | 0 | 10 | 8 | S |
| 8 | 20 | 57 | | | Calculated | 5.67 | |
| | | | Cement | 10 | 20 | 5 | S |
| | | | | | Calculated | 3.33 | |

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (•) | ( ) | 8 | [X] | 3 | 57 | .250 | (•) | ( ) | [X] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |
| ( ) | ( ) | | [ ] | | | | ( ) | ( ) | [ ] | [ ] |

Shoe [ ] Inside [X] Outside [ ] Other Location of shoe(s) 57
Temp casing [X] Yes Dia 12 From 0 To 18

## (7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
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## (8) WELL TESTS: Minimum testing time is 1 hour

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
| 60 | | 55 | 1 |
| | | | |
| | | | |

Temperature 57 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County WALLOWA Twp 1.00 S N/S Range 44.00 E E/W WM
Sec 29 NW 1/4 of the SW 1/4 Tax Lot 4502
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(•) Street address of well ( ) Nearest address
66799 SUNRISE RD

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | [ ] | |
| Completed Well | 12/15/2014 | | [ ] | 11 |

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 32.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 12/17/2014 | 32 | 57 | 60 | | [ ] | 11 |
| | | | | | [ ] | |
| | | | | | [ ] | |
| | | | | | [ ] | |
| | | | | | [ ] | |

## (11) WELL LOG

Ground Elevation

| Material | From | To |
|---|---|---|
| Brown Clay Gravels & Boulders | 0 | 32 |
| Gravels & Sands | 32 | 57 |

Date Started 12/15/2014 Completed 12/17/2014

**(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 1640 Date 3/29/2015

Signed JEFF STOFFEL (E-filed)
Contact Info (optional) Jeff Stoffel

**WATER SUPPLY WELL REPORT - continuation page**

**WALL 51251**

**3/29/2015**

| | |
|---|---|
| **WELL I.D. LABEL# L** | 115395 |
| **START CARD #** | 211118 |
| **ORIGINAL LOG #** | |

## (2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (5) BORE HOLE CONSTRUCTION

BORE HOLE

| Dia | From | To |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SEAL

| Material | From | To | Amt | sacks/ lbs |
|---|---|---|---|---|
| | | | | |
| | | Calculated | | |
| | | | | |
| | | Calculated | | |
| | | | | |
| | | Calculated | | |
| | | | | |
| | | Calculated | | |

FILTER PACK

| From | To | Material | Size |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
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## (7) PERFORATIONS/SCREENS

| Perf/ Screen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|---|---|---|---|---|---|---|---|---|
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## (8) WELL TESTS: Minimum testing time is 1 hour

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
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**Water Quality Concerns**

| From | To | Description | Amount | Units |
|---|---|---|---|---|
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## (10) STATIC WATER LEVEL

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
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## (11) WELL LOG

| Material | From | To |
|---|---|---|
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**Comments/Remarks**