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

WALL 51305	WELL I.D. LABEL# L	122869	
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9/19/2016	ORIGINAL LOG#		

(1) LAND OWNER Owner Well I.D.		,		
First Name BOB Last Name PERRY	(9) LOCATION OF WELL (legal description)			
Company				
Address PO BOX 697	County WALLOWA Twp 1.00 S N/S Range 43.00			
City JOSEPH State OR Zip 97846  (2) TYPE OF WORK New Well Deepening Conversion	Sec 3 1/4 of the 1/4 Tax Lot 5			
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot	DMC DD		
Alteration (complete 2a & 10) Abandonment(complete 5a)	Tax Map Number Lot	DMS or DD		
(2a) PRE-ALTERATION	Long or117.43534167	DMS or DD		
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well     Nearest address			
Casing:	77535 HAUN LANE LOSTINE			
Material From To Amt sacks/lbs				
Seal:	(10) CTATIC WATED I EVEL			
(3) DRILL METHOD	(10) STATIC WATER LEVEL  Date SWL(psi)	L CWI (ft)		
Rotary Air Rotary Mud Cable Auger Cable Mud	Existing Well / Pre-Alteration	+ SWL(ft)		
Reverse Rotary Other	Completed Well 8/31/2016	85		
(4) PROPOSED USE Domestic X Irrigation Community	Flowing Artesian? Dry Hole?	] 03		
Industrial/ Commercial Livestock Dewatering		1 54.00		
	WATER BEARING ZONES Depth water was first found			
Thermal Injection Other	SWL Date From To Est Flow SWL(psi)	+ SWL(ft)		
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy	8/5/2016 54 61 50	38		
Depth of Completed Well 260.00 ft.	8/5/2016 78 88 100	38		
BORE HOLE SEAL sacks/	8/11/2016 131 143 150	38		
Dia From To Material From To Amt 1bs	8/16/2016 165 192 250	85		
18 0 120 Bentonite Chips 0 65 5100 P	8/18/2016 233 260 250	85		
15 120 157 Calculated 2930	0/10/2010 233 200 230			
10 157 260 Cement with 2% Bento, 65 157 210 S	(11) WELL LOG Ground Flavotion			
Calculated 70	Ground Elevation			
How was seal placed: Method A B XC D E	Material From	To		
X Other POURED DRY	SOIL 0	2		
Backfill placed from ft. to ft. Material	BROKEN BASALT, BROWN 2	12		
Filter pack from ft. to ft. Material Size	FRACTURED BASALT, BROWN   12   BROKEN BASALT, BROWN-CAVING   54	54 61		
Explosives used: Yes Type Amount	FRACTURED BASALT, BROWN 61	78		
(5a) ABANDONMENT USING UNHYDRATED BENTONITE	BROKEN BASALT, BROWN-CAVING 78	88		
Proposed Amount Actual Amount	BASALT SMALL FRACTURES, BROWN 88	113		
	FRACTURED BASALT, BROWN 113	131		
(6) CASING/LINER	RED CINDERS 131	143		
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	BASALT, TAN 143	154		
	BROKEN BASALT, TAN-CAVING 154	159		
8 140 260 0.25 • X	FRACTURED BASALT, BROWN, HARD 159	165		
	FRACTURED BASALT, RED/BROWN 165	173		
	FRACTURED BASALT, TAN 173	184		
	RED CINDERS, FRACTURED BASALT BROWN 184	192		
Shoe   Inside   Outside   Other   Location of shoe(s)	FRACTURED BASALT, BROWN 192	221		
Temp casing $X$ Yes Dia 16 From 0 To 120	FRACTURED BASALT, BROWN, HARD 221	233		
(7) PERFORATIONS/SCREENS	FRACTURED/BROKEN BASALT, BROWN 233	239		
Perforations Method AIR KNIFE	FRACTURED BASALT, BROWN, HARD 239	248		
Screens Type Material	Date Started 8/3/2016 Completed 8/30/2016	5		
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/				
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification			
Perf Liner 8 165 205 .125 1 1200	I certify that the work I performed on the construction, deeper abandonment of this well is in compliance with Oregon v			
Perf         Liner         8         245         260         .125         1         450	construction standards. Materials used and information reported			
	the best of my knowledge and belief.	a above are true to		
	License Number Date			
(O) THE I DECIDE 25 A A A A A	But			
(8) WELL TESTS: Minimum testing time is 1 hour	Signed			
Pump Bailer • Air Flowing Artesian				
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification			
500 255 2	I accept responsibility for the construction, deepening, alteration			
	work performed on this well during the construction dates reported			
	performed during this time is in compliance with Oregon v			
Temperature 48 °F Lab analysis Yes By	construction standards. This report is true to the best of my know	nedge and belief.		
Water quality concerns? Yes (describe below) TDS amount 158 ppm License Number 1775 Date 9/19/2016				
From To Description Amount Units				
	Contact Info (optional)			
ODICINAL WATER DESCRIPCES	DED A DEMENT			

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continuation page	9/19/2016	ORIGINAL LOG#		
2a) PRE-ALTERATION	Water Qualit	y Concerns		
Dia + From To Gauge Stl Plstc Wld Thrd	From To		Amount	Units
Material From To Amt sacks/lbs				+
5) DODE HOLE CONCEDUCATION	(10) STATIC	WATER LEVEL		
5) BORE HOLE CONSTRUCTION	SWL Date		SWL(psi) +	r SWL(ft)
BORE HOLE SEAL Dia From To Material From To Amt	sacks/			
ividentia 110m 10 / mit	108		——————————————————————————————————————	+
Calculated				1
Calculated			+	+
Calculated				
Calculated				
FILTER PACK				
From To Material Size	(11) WELL I	.OG		
		Material	From	То
		BASALT, YELLOW/RED	248	253
	FRACTURED/I	BROKEN BASALT, RED CINDERS	253	260
6) CASING/LINER				
Casing Liner Dia + From To Gauge Stl Plstc Wld	Γhrd			
7) PERFORATIONS/SCREENS				
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/			
	pipe size			
			-	
	Comments/I	Remarks		
		DRIVE SHOE AT 160FT		
(8) WELL TESTS: Minimum testing time is 1 hour		IVE SHOE AT 260FT		
Yield gal/min Drawdown Drill stem/Pump depth Duration (ht	·)			
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