

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

WALL 51596

WELL I.D. LABEL# L

155409

START CARD #

1082963

ORIGINAL LOG #

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

8/20/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BILLLast Name DIETRICH

Company _____

Address 81670 REAVIS LNCity ENTERPRISEState ORZip 97828**(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 290.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
10	0	20	Bentonite Chips	0	20	13	S
8	20	290			Calculated	10	
					Calculated		

Seal placement 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: ☐ Type _____ Amount _____Seal Placement Begin Date 8/7/2026 Begin Time 09 30**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+ From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	6	☒ 3	277	0.250	ST	☒			

Temp casing ☒ Yes Dia 10 From + ☒ 1 To 20**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	27		289	1

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 97 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County WALLOWA Twp 2.00 S N/S Range 44.00 E E/W WMSec 9 NW 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 45.40995479 DMS or DD

Long _____ ° _____ ' _____ " or -117.31989990 DMS or DD

☒ Street address of well ☐ Nearest address81670 REAVIS LN, ENTERPRISE, OR 97828**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/7/2026			130
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 160.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/30/2026	160	200	2			130
8/4/2026	200	260	5			130
8/4/2026	260	280	8			130
8/4/2026	280	290	27			130

(11) WELL LOGGround Elevation 3876.43 FT

Material	From	To
TOP SOIL	0	2
BROWN CLAY, GRAVEL, COBBLES	2	13
GREY CLAY, GRAVEL, COBBLES	13	16
BROWN CLAY, GRAVEL, COBBLES	16	57
BROWN CLAY, GRAVEL	57	112
FRACTURED BASALT, GREY CLAY	112	118
FRACTURED BASALT, BROWN CLAY, GRAVEL	118	133
FRACTURED BASALT, BROWN CLAY	133	152
RED CINDERS, FRACTURED BASALT, RED CLAY	152	165
BROWN CLAY, FRACTURED BASALT, RED CINDERS	165	186
FRACTURED BASALT, GREY CLAY, RED CINDERS	186	191
FRACTURED BASALT, BROWN CLAY, GRAVEL	191	196
BROWN CLAY, BROKEN BASALT	196	230
FRACTURED BASALT, GREY CLAY	230	237
BROWN CLAY, BROKEN BASALT	237	241
RED CINDERS, RED CLAY, BROKEN BASALT	241	254
BROWN CLAY, BROKEN BASALT, RED CINDERS	254	290

Construction

Begin Date 7/29/2026 Begin Time 13 00 End Date 8/7/2026**(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 2120 Date 8/11/2026Signed JORDAN GOODWIN (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 1775 Date 8/20/2026Signed JASON ACQUISTAPACE (E-filed)Drilling Company: EARTH & WATER WORKS

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

WALL 51596

8/20/2026

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: 45.40995479 Datum: WGS84

Longitude: -117.31989990

Township/Range/Section/Quarter-Quarter Section:

WM2.00S44.00E9NWNE

Address of Well:

81670 REAVIS LN, ENTERPRISE, OR 97828

Well Label: 155409

Printed: August 11, 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

