

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

RECEIVED
 15/114E/17 ba
 WASCO 2217 1995

(START CARD) # 52340

(1) OWNER:
 Name The Miller Ranch
 Address 66359 US Hwy 197
 City Dufur State Or Zip 97021

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 718 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	30				
10	30	718	Cement	0	27	30 Bags

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10	+1	29	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	6	+2	545	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheet(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 415 Drawdown _____ Drill stem at _____ Time 1 hr.

Temperature of water 65 Depth Artesian Flow Found 687
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

RELOCATION OF WELL by legal description:
 County Wasco Latitude _____ Longitude _____
 Township 1S N or S. Range 14 E E or W. WM.
 Section 17 NE 1/4 NW 1/4
 Tax Lot 3100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Boyd Mkt. Rd. 908 Dufur, Or.

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure 110 lb. per square inch. Date 3-20-95

(11) WATER BEARING ZONES:
 Depth at which water was first found 687

From	To	Estimated Flow Rate	SWL
687	702	415	0

(12) WELL LOG: Ground Log _____

Material	From	To	SWL
Soil SALEM, OREGON	0	25	
Sand fine brn	2	8	
SS hard brn	8	24	
Basalt grey	24	55	
Basalt med grey	55	60	
Basalt me hard grey	60	82	
Basalt hard fract grey	82	90	
Basalt hard grey	90	144	
Basalt hard broken grey			
W/B SWL 16	144	155	
Basalt Med Grey hard	155	164	
Basalt very hard grey	164	196	
Basalt fract. soft blk	196	203	82
Basalt porous blk	203	215	
Basalt hard grey	215	244	
Basalt soft porous blk	244	251	
Basalt hard blk	251	253	
Basalt fract hard grey	253	256	
Basalt hard grey	256	261	
Basalt porous fract blk	261	315	63
Basalt med hard blk	315	336	
Basalt porous blk	336	341	
Basalt soft porous blk			Continued

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 790
 Signed _____ Date 7-2-95

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WASC 2217

JUL - 7 1995

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER:

Name The Miller Ranch
Address 66359 US Hwy 197
City Dufur State Or. Zip 97021

Well Number: SALEM, OREGON (9) LOCATION OF WELL by legal description:

County Wasco Latitude _____ Longitude _____
Township _____ N or S. Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first encountered _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
W/B SWL 71 150 GPM 56°	341	352	
Basalt broken brn Visc	352	358	
Basalt hard grey	358	404	
Basalt med grey	404	417	
Basalt broken blk	417	423	
Rock soft blk	423	463	
Basalt hard bract grey	463	476	
Basalt hard grey	476	483	
Basalt hard fract grey	483	486	
Basalt hard grey	486	501	118
Rock soft W/green clay			
blk W/B	501	512	
Basalt med soft blk	512	527	
Basalt hard grey	527	580	
Set 6" Casing to 545 ft.			
grout from bottom to land surface			
4.2 cu. yds. cement & water			
Basalt med hard grey	580	620	
Basalt hard grey	620	630	
Basalt med hard grey	630	653	
Basalt med hard grey	653	670	
Basalt hard grey	670	683	

Continued

Date started _____ Completed _____

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 790
Signed [Signature] Date 7-2-95

RECEIVED

WASC 2217

JUL - 7 1995

STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765)

(START CARD) # 52340

WATER RESOURCES DEPT. SALEM, OREGON

(1) OWNER: Name The Miller Ranch Address 66359 US Hwy 197 City Bufur State Or Zip 97021

(2) TYPE OF WORK: [] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem at Time

Temperature of water Depth Artesian Flow Found Was a water analysis done? Yes By whom Did any strata contain water not suitable for intended use? Too little [] Salty [] Muddy [] Odor [] Colored [] Other Depth of strata:

LOCATION OF WELL by legal description: County Wasco Latitude Longitude Township N or S. Range E or W. WM. Section 1/4 1/4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. Includes 'RECEIVED DEC 11 1995 WATER RESOURCES DEPT. SALEM, OREGON' stamp

Date started 3-20-95 Completed 5-20-95

(unbonded) Water Well Constructor Certification: I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief. Signed WWC Number Date

(bonded) Water Well Constructor Certification: I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief. Signed WWC Number 790 Date 7-2-95



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Bill Miller
Mailing Address: 66359 U.S. Highway 197
City: Dufur State: OR Zip: 97021
Mailing Address (to send Well I.D.):
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 1S (North/South) Range: 14E (East/West) Section: 17
Tax Lot: 300 County: Wasco NE 1/4 NW 1/4
Street Address of Well: Boyd Mkt Rd City:
Owner at time the well was constructed, (if known): Miller Ranch
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed: 5/20/95 Total Well Depth: 718 Casing Diameter: 10"/6"
Other Information:

SUBMITTED BY (please print): Marc Norton
PHONE: 503-986-0841 FAX:

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: WASC 2217 Well Identification #: 101433