

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WASC 52229

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WELL LABEL # L 104359

START CARD # 206345

ORIGINAL LOG #

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER

Owner Well I.D. \_\_\_\_\_  
First Name GOLAN Last Name BLAIN  
Company DOG RIVER ORCHARDS LLC  
Address PO BOX 445  
City PARDALE State OR Zip 97041

(2) TYPE OF WORK  New  Conversion  Deepening  
 Alteration (complete Sections 2a & 10)  Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth \_\_\_\_\_ ft.  
Seal Material \_\_\_\_\_  
Casing Type:  Steel  Plastic  Other \_\_\_\_\_  
Casing Gauge \_\_\_\_\_ Casing Diameter \_\_\_\_\_

(3) DRILL METHOD  Rotary Air  Rotary Mud  Auger  
 Cable  Cable Mud  Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION  
Depth of Completed Well 980 ft. Special Standard:  Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
14	0	138	CEMENT	30	138	40	SCKS
10	138	980	BENTONITE	0	30	20	SCKS

How was seal placed: Method  A  B  C  D  E  
 Other PUMPED BOTTOM UP  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:  
Calculated Amount Proposed to be Used: \_\_\_\_\_ sacks/lbs  
Actual Amount Used: \_\_\_\_\_ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		10	+	2	138	.250	X		X	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 300 Drawdown 100% Drill stem/Pump depth 978 Duration (hr) 2 hr  
Temperature 58 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below) TDS \_\_\_\_\_ ppm  
From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

(9) LOCATION OF WELL (legal description)

County WASCO Twp 4 S N or S Range 12 E E or W W.M.  
Sec 34 SE 1/4 of the SE 1/4 Tax Lot 5300  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) ATKINS RD. WAMIC OR.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>9-10-14</u>			<u>530</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
WATER BEARING ZONES Depth water was first found 745

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-10-14</u>	<u>745</u>	<u>980</u>	<u>300</u>			<u>530</u>

(11) WELL LOG

Material	From	To
SOIL	0	3
RED CINDERS	3	15
GRY CINDERS	15	22
RED CINDERS	22	121
GRY RED BASALT	121	262
RED TAN SANDSTONE	262	745
11 (WB)	745	980

RECEIVED BY OWRD  
OCT 29 2014  
SALEM, OR

Date Started 1-24-14 Completed 9-10-14

(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 1782 Date 10-1-14  
Signed [Signature]  
Contact Info. (optional) \_\_\_\_\_