

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

9/29/2017

WELL I.D. LABEL# L 122794
START CARD # 214439
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name JRL Last Name DAVIS
Company
Address PO BOX 188
City TYGH VALLEY State OR Zip 97063

(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 [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 500.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Rows include Bentonite and Calculated values.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POUR IN
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
Shoe [X] Inside [] Outside [] Other Location of shoe(s) 38
Temp casing [X] Yes Dia 6 From + [X] 1 To 5

(7) PERFORATIONS/SCREENS
Screens Type Material
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
150 490 1

Temperature 68 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 114 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County WASC Twp 4.00 S N/S Range 13.00 E E/W WM
Sec 3 SE NW 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
[] Street address of well [X] Nearest address
HWY 216 84033 OR-216

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 9/28/2017 135
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 160.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
9/28/2017 160 425 150 135

(11) WELL LOG
Ground Elevation
Material From To
TOP SOIL 0 1
BASALT, BROWN, MED 1 17
BASALT & GRAVEL, BROWN & BROKEN 17 38
BASALT & CLAY, BROWN 38 61
SANDSTONE & CLAY, GRAY 61 92
SANDSTONE, TAN & COARSE 92 160
CLAY, YELLOW W/CINDERS 160 179
SANDSTONE, COARSE 179 210
CLAYSTONE W/BASALT, BROWN 210 231
CLAYSTONE, GREEN W/SANDSTONE 231 279
SANDSTONE, BLUE & BROWN, COARSE 279 315
CLAYSTONE, WHITE W/SANDSTONE 315 362
SANDSTONE W/BASALT, SOFT 362 380
CLAYSTONE & SANDSTONE, TAN 380 412
SANDSTONE, BLUE & CINDERS 412 425
CLAYSTONE, GRAY 425 441
SANDSTONE, BLUE & GRAY 441 500

Date Started 9/26/2017 Completed 9/28/2017

(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 OCT 18 2017
Signed SALEM, OR

(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 1256 Date 9/29/2017
Signed KARL F MOORE JR (E-filed)
Contact Info (optional) WILMA BENSON

RECEIVED BY OWRD