

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**

WASH 80954

WELL I.D. LABEL# L

147997

START CARD #

1059463

ORIGINAL LOG #

12/21/2022

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

**(1) LAND OWNER**

Owner Well I.D. \_\_\_\_\_

First Name BARRETTLast Name BROWN

Company \_\_\_\_\_

Address P.O. BOX 1280City NORTH PLAINSState ORZip 97133**(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 |
|-----|---|------|----|-------|-----|-------|-----|------|
|     |   |      |    |       |     |       |     |      |

Seal: 

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
|          |      |    |     |           |

**(3) DRILL METHOD**
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud  
☐ Reverse Rotary ☐ Other \_\_\_\_\_
**(4) PROPOSED USE**
☐ Domestic ☒ Irrigation ☐ Community  
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_
**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 504.00 ft.

| BORE HOLE |      |     | SEAL     |      |            | sacks/lbs |   |
|-----------|------|-----|----------|------|------------|-----------|---|
| Dia       | From | To  | Material | From | To         | Amt       |   |
| 10        | 0    | 318 | Cement   | 0    | 318        | 100       | S |
| 6         | 318  | 504 |          |      | Calculated | 85.35     |   |
|           |      |     |          |      | Calculated |           |   |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☐ Other \_\_\_\_\_

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 |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|-------------------------------------|-------------------------------------|------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 6   | <input checked="" type="checkbox"/> | 2    | 318 | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 4.5 | <input type="checkbox"/>            | 4    | 504 | .200  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" 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"/>            |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |      |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_

Temp casing ☐ Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**Perforations Method DRILLED

| Screens |         | Type   | Material |         |                 |             |            |                 |
|---------|---------|--------|----------|---------|-----------------|-------------|------------|-----------------|
| Perf/   | Casing/ | Screen | Perf/    | Casing/ | Screen          | Perf/       | Casing/    | Screen          |
| Screen  | Liner   | Dia    | From     | To      | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|         |         | 4.5    | 474      | 504     | .5              | 0.5         | 80         | 4.5             |
|         |         |        |          |         |                 |             |            |                 |
|         |         |        |          |         |                 |             |            |                 |
|         |         |        |          |         |                 |             |            |                 |

**(8) WELL TESTS: Minimum testing time is 1 hour**
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 50            |          | 500                   | 1             |
| 36            |          | 424                   | 0.3           |
|               |          |                       |               |

Temperature 56 °F Lab analysis ☐ Yes By \_\_\_\_\_

Water quality concerns? ☐ Yes (describe below) TDS amount 124 ppm  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**County WASHINGTON Twp 3.00 N N/S Range 3.00 W E/W WMSec 32 NE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or 45.70795400 DMS or DD

Long \_\_\_\_\_ " or -123.07772700 DMS or DD

☐ Street address of well ☒ Nearest address

25800 NW BUMP ROAD NORTH PLAINS OR 97133

**(10) STATIC WATER LEVEL**

|                                | Date                     | SWL (psi) | + | SWL (ft) |
|--------------------------------|--------------------------|-----------|---|----------|
| Existing Well / Pre-Alteration |                          |           |   |          |
| Completed Well                 | 12/20/2022               |           |   | 302      |
| Flowing Artesian?              | <input type="checkbox"/> |           |   |          |
| Dry Hole?                      | <input type="checkbox"/> |           |   |          |

WATER BEARING ZONES

Depth water was first found 418.00

| SWL Date   | From | To  | Est Flow | SWL (psi) | + | SWL (ft) |
|------------|------|-----|----------|-----------|---|----------|
| 12/20/2022 | 418  | 500 | 50       |           |   | 302      |
|            |      |     |          |           |   |          |
|            |      |     |          |           |   |          |
|            |      |     |          |           |   |          |

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

| Material                    | From | To  |
|-----------------------------|------|-----|
| BROWN CLAY                  | 0    | 14  |
| RED BROWN CLAY              | 14   | 71  |
| BROWN CLAY                  | 71   | 93  |
| BROWN DECOMP ROCK           | 93   | 108 |
| BROWN CLAY                  | 108  | 113 |
| GRAY CLAY                   | 113  | 126 |
| GRY-GRY BRWN MUDDY BASALT   | 126  | 153 |
| GRY BLK BROWN BASALT        | 153  | 179 |
| GRY GRY BROWN BROKEN BASALT | 179  | 201 |
| GRY-GRY BRWN CLAY           | 201  | 215 |
| GRY BRWN MUDDY BASALT       | 215  | 240 |
| GRY BLACK BASALT            | 240  | 247 |
| GRAY CLAY                   | 247  | 259 |
| GRAY BROWN CLAY             | 259  | 299 |
| GRAY SANDSTONE              | 299  | 504 |
|                             |      |     |
|                             |      |     |
|                             |      |     |

Date Started 12/6/2022Completed 12/20/2022**(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 1492Date 12/21/2022Signed MELVIN BIGSBY (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 2023Date 12/21/2022Signed MICHAEL APPLEBEE (E-filed)Contact Info (optional) ALPINE RESOURCES LLC 503-647-2969

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.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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12/21/2022

## Map of Hole

