

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # PRE DATESTART CARD # PRE DATE

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

(1) LAND OWNER Owner Well
First Name MIKE & SALLIE Last Name DELLA
Company TRIANGLE ELEVEN CAMP
Address P.O. BOX 537
City HINES State OR Zip 97738

(2) TYPE OF WORK ☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

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

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 425 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
20	0	18	CEMENT	0	18	17	SACKS
16	18	450					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT GROUT Poured THROUGH TREMIE PIPE
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		16	+	2	150	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	Casing	Linr	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	Drawdown	Drill stem/Pump depth	Duration (hr)
50	0		1

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24S N or S Range 30E E or W W.M.
Sec 9 SW 1/4 of the SE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 28186 HWY 20 W
MP 125 WEST OF HINES

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>AUG 10, 84</u>			<u>-12 FT</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-84</u>	<u>230</u>	<u>450</u>	<u>170+</u>			<u>12</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>TOPSOIL</u>	<u>0</u>	<u>3</u>
<u>SILT</u>	<u>3</u>	<u>14</u>
<u>BROWN CLAY</u>	<u>14</u>	<u>21</u>
<u>BROWN SANDSTONE</u>	<u>21</u>	<u>90</u>
<u>WHITE CLAYSTONE</u>	<u>90</u>	<u>137</u>
<u>BROWN SANDSTONE</u>	<u>137</u>	<u>145</u>
<u>BLACK BASALT</u>	<u>145</u>	<u>190</u>
<u>GREEN CLAYSTONE</u>	<u>190</u>	<u>230</u>
<u>BROWN CLAY/RED CINDER</u>	<u>230</u>	<u>450</u>

Date Started MAR 15, 84 Completed AUG 10, 84

(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 883 Date 10-25-08

Signed John Ditter

Contact Info. (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

RECEIVED BY OWRD

MAR 07 2013

SALEM, OR

HARN 51503

