

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

HARN 51908

WELL I.D. LABEL# L 109952
START CARD # 1019097
ORIGINAL LOG #

3/7/2013

(1) LAND OWNER

Owner Well I.D. _____
First Name JIM Last Name GILMOUR
Company RIVER BOTTOM FARM INC.
Address 30427 STELLMACHER DR
City ALBANY State OR Zip 97321

(2) TYPE OF WORK

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

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 300.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	Sacks/lbs
20	0	78	Bentonite Chips	0	24	42	S
16	78	300	Cement	24	78	35	S

How was seal placed: Method A B C D E
 Other BENTONIT CHIPS TO

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
16	2	78	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/Screen Dia	From	To	Scr/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)
1022	197	240	6

Temperature 57 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WM
Sec 31 SE 1/4 of the NW 1/4 Tax Lot 2601
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
HWY 78 & RODEO, BURNS, OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	<u>2/24/2013</u>		<u>39</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 101.00

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
<u>2/24/2013</u>	<u>101</u>	<u>300</u>	<u>1000</u>		<u>39</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil brown	0	2
clay blue & brown strips	2	73
rock black solid	73	101
fractured basalt	101	117
cinders black & red	117	265
basalt black	265	300

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JAN 09 2014
SALEM, OR

Date Started 2/19/2013 Complete 2/24/2013

(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 1896 Date 3/7/2013

Signed TONY HACKETT (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 1899 Date 3/7/2013

Signed SAM P KINGREY (E-filed)

Contact Info (optional) _____

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

HARNEY 50040 RECEIVED
MAY 31 1996

Label # 103155

(START CARD) # 83805

Instructions for completing this report are on the last page of WATER RESOURCES DEPT.

(1) OWNER: Well Number SALEM, OREGON

Name Kinger Ranch
Address HC 73-3221
City Burns State OR Zip 97720

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 210 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
18	0 18	benetomite	0 18	20 sacks	
14	18 210				

How was seal placed: Method A B C D E
 Other poured dry and tamped
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:	14	+1	80	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 shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot Size	Material	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"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
200	24	160	3 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? No Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other sandy
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 25S N or S Range 34E E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 78 HC 73-3221 Burns

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 5-17-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
52	205		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil sandy loom	0	1	
clay brn	1	25	
clay sand fine brn	25	37	
sand clay	37	52	
sand fine grey	52	55	
clay grey	55	72	29
clay blue	72	75	
clay grey	75	90	
sand, gravel med	90	100	29
sandstone brn	100	159	29
clay sand/white	159	169	
sand & sandstone	169	205	29
clay/claystone yellow	205	210	

Date started 5-9-96 Completed 5-17-96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Anthony K. Riley WWC Number 1424 Date 5-17-96

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FEB 25 1959

OBSERVATION WELL - DISCONTINUED

25/34-30Q(1)

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

STATE ENGINEER WATER WELL REPORT
SALEM, OREGON STATE OF OREGON

1294
HARNEY

State Well No. _____

State Permit No. G-1357

(1) OWNER:

Name FORREST SKINNER
Address CRANE BOX 7
OREGON

(2) LOCATION OF WELL:

County HARNEY Owner's number, if any 1
S.W. 1/4 S.E. 1/4 Section 30 T. 25 R. 34 W.M.
Bearing and distance from section or subdivision corner
200 ft North of south line
300 ft east of west line

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded 3/16"
14" Diam. from 0 ft. to 20 ft. Gage
" Diam. from _____ ft. to _____ ft. Gage
" Diam. from _____ ft. to _____ ft. Gage

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used _____

SIZE of perforations	in.	by	in.
perforations from _____	ft.	to _____	ft.
perforations from _____	ft.	to _____	ft.
perforations from _____	ft.	to _____	ft.
perforations from _____	ft.	to _____	ft.

(8) SCREENS:

Well screen installed Yes No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal- _____
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 30 ft. below land surface Date 6/10/57
Artesian pressure _____ lbs. per square inch Date _____

Log Accepted by: _____

[Signed] Forrest Skinner Date Feb - 24, 1957
(Owner)

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? myself
Yield: 1000 gal./min. with 2 ft. drawdown after 1 1/2 hrs.

Ballor test gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow g.d.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well 14" inches.

Depth drilled _____ ft. Depth of completed well _____ ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
top soil	0	1
hard clay	1	2
soft clay	2	16
sand	16	20
hard, black rock	20	36
blue sandstone	36	47

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JAN 09 2014

SALEM, OR

Work started 5/31 1957 Completed 6/10 1957

(13) PUMP:

Manufacturer's Name don't know
Type: turbine H.P. 15 motor

Well Driller's Statement:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Forrest Skinner
(Person, firm, or corporation) (Type or print)

Address Crane Box 7 Ore

Driller's well number _____

[Signed] Forrest Skinner
(Well Driller)

License No. 45 Date _____, 19____

STATE ENGINEER
Salem, Oregon

State Well No. 25/34-30Q1
County Harney
Application No. G1357

Water Level Record

OWNER: Forrest Skinner OWNER'S NO. _____

Description of measuring point: *Top of casing 3' above original LSD.
* 2' Top of casing 5' above original LSD.
* 2' Mol. in casing 2' above original LSD.

Date	Water Level Feet (above) (below) Land Surface	Remarks	Date	Water Level Feet (above) (below) Land Surface	Remarks
5-10-60	28.85				
5-10-61	28.90				
12-12-61	31.88	JS HP - TOP OF ACCESS PIPE PO 3.3' ABOVE L.S.D.			
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REMARKS: _____

