

HARN 51682

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

12-22-2009

WELL LABEL # L 102504

START CARD # 1008916

(1) LAND OWNER

Owner Well I.D. Twin Sheda **#10**

First Name Andy Last Name Root
Company Rattlesnake Ranch
Address 524 N Hwy 20
City Burns State OR Zip 97720

(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
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION

Special Standard Attach copy

Depth of Completed Well 410.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
16	0	18	Bentonite	0	18	30	S
12	18	410					

How was seal placed: Method A B C D E

Other poured dry and tam

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Platc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	80	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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/S	Casing/	Screen	Screen/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

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

Pump Bailor Air Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

500		100	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 22.00 S N/S Range 32.50 E E/W WM

Sec 35 SW 1/4 of the NE 1/4 Tax Lot 2200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

72163 Rattlesnake Road

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	<u>12-04-2009</u>		<input checked="" type="checkbox"/> <u>60</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 60

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>12-04-2009</u>	<u>60</u>	<u>410</u>	<u>500</u>		<input checked="" type="checkbox"/> <u>60</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil, sandy loam	0	1
claybrown	1	25
clay grey	25	170
siltsone green	170	201
pumice grey claystone	201	230
slatone green	230	245
pumice grey	245	280
rock black	280	300
claystone green	300	340
sandstone brn	340	360
pumice brn	360	410

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APR 29 2014
SALEM, OR
RECEIVED
FEB 08 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 12-02-2009 Completed 12-04-2009

(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 _____

Electronically Filed

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 1424 Date 12-22-2009

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

T011803

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

HARN 52018

WELL I.D. LABEL# 113433
START CARD # 1022046
ORIGINAL LOG #

#18 2/4/2014

(1) LAND OWNER
Owner Well I.D. MORTIMER #1
First Name ANDY Last Name ROOT
Company ACW
Address 524 N HWY 20
City HINES State OR Zip 97738

(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 335.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
18 0 18 Bentonite Chips 0 18 35 S
14 18 335

How was seal placed: Method A B C D E
 Other POURED & TAMPED
Back fill 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
 14 1 105 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrn/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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1000 _____ 330 1
Temperature 60 °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 22.00 S N/S Range 32.50 E E/W WM
Sec 33 NE 1/4 of the NW 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

72163 RATTLESNAKE RD
HURNS, OREGON

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 1/27/2014 _____ 62
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 62.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
1/27/2014	62	335	1000		62

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay loom topsoil	0	2
Clay Brown	2	10
Clay Grey	10	35
Course Sand/small gravel	35	62
clay Green w/ Small gravel	62	78
Claystone Green	78	165
Claystone Green w/pumice grey	165	195
Pumice	195	265
Claystone Green	265	295
Claystone Green Broken	295	300
Claystone Brown w/black sandstone fractu	300	320
Claystone Grey Hard	320	335

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APR 29 2014

SALEM, OR

Date Started 1/22/2014 Complete 1/27/2014

(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 1424 Date 2/4/2014
Signed TIMOTHY K RILEY (E filed)
Contact Info (optional) Tim Riley 541-573-5695 1011803

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

HARN 52021
#192/26/2014

WELL I.D. LABEL# L 113434
START CARD # 1022156
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. MORTIMER #2
First Name ANDY Last Name ROOT
Company ACW
Address 524 HWY 20
City HINES State OR Zip 97738

(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 410.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs
18 0 18 Bentonite Chips 0 18 60 S
14 18 410

How was seal placed: Method A B C D E
 Other POURED & TAMPED
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
 14 1 105 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1000 _____ 400 _____ 1 _____
Temperature 60 °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 22.00 S N/S Range 32.50 E E/W WM
Sec 32 NW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

72163 RATTLESNAKE RD
BURNS, OR 97720

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 2/11/2014 _____ 62
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 62.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/11/2014	62	410	1000		62

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay loom topsoil	0	2
Clay brown	2	23
Sand brown	23	56
Clay Tan	56	62
Claystone Tan	62	67
Clay blue	67	83
Claystone green	83	150
Clay Grey	150	162
Claystone green	162	275
Claystone green w/pumice	275	360
Claystone green and black w/some pumice	360	385
Claystone black	385	397
Sandstone Black		410

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SALEM, OR
Date Started 2/4/2014 Complete 2/11/2014

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License Number _____ Date _____
Signed _____

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License Number 1424 Date 2/26/2014
Signed TIMOTHY K RILEY (E filed)
Contact Info (optional) Tim Riley 541-573-5695