

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

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

HARN 51693
Auth POA

WELL LABEL # L 101624

START CARD # 202973

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name TRACY Last Name HILL
Company _____
Address 30040 WEAVER SPRINGS RD.
City BURNS State OR Zip 97720

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 152 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	20	BENTONITE	0	20	17	Scks
6"	20	160					

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	6"	+	3'	95'	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 95'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 30 Drawdown 90' Drill stem/Pump depth 1 Duration (hr) 1

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 26 N of 31 Range 31 E of W.W.M.
Sec 05 NW 1/4 of the NW 1/4 Tax Lot 1003
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD
BURNS

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>2-24-10</u>		-	<u>41</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 45'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-26-10</u>	<u>45</u>	<u>92</u>	<u>20</u>		-	<u>41</u>
<u>2-24-10</u>	<u>45</u>	<u>160</u>	<u>30</u>			<u>41</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
BROWN SAND	0	12
SANDY BEN. CLAY	12	25
GREEN CLAY	25	45
BLACK SAND/SANDY CLAY	45	92
STICKY GRN CLAY	92	145
BLACK SAND	145	160

RECEIVED BY OWRD FILLED WITH CAVING SAND.
RECEIVED
JAN 14 2014
MAR 08 2010
SALEM, OR WATER RESOURCES DEPT

Date Started 2-18-10 Completed SALEM, OREGON

(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 1739 Date 3-04-10
Signed Cherry Jay

(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 1355 Date 3-04-10
Signed Arthur L. Jay
Contact Info. (optional)

RECEIVED BY OWRD

JUN 04 2014

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

HARN 51904

Well #1

HARN 51904

WELL I.D. # L 102456

START CARD # 184795

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

(1) LAND OWNER Well Number
Name Helean Den Hood
Address 1871 COUNTY LN RD
City Grand View State WA Zip _____

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 760 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
20"	0	40'		0	18'
18"	40	235			
12"	235	380			
8"	380	760			

Sacks or Pounds: 53 Sacks

How was seal placed: Method A B C D E
 Other Poured DRY

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	16"	+2	230	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 230 Ft.

(7) PERFORATIONS/SCREENS

Perforations Screens Method _____ Type _____ Material _____

RECEIVED BY OWRD

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
FEB 14 2013						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

SALEM, OR

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20 gpm	6.2 m?/ft		1 hr

Temperature of water 57 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Harney
Tax Lot 900 Lot _____
Township 26 North Range 31 East W WM
Section 5 SW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 30042
WINTER SPRINGS LN BURNS OR 97110

(10) STATIC WATER LEVEL
20 ft. below land surface. Date 2/10/13
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 20 FT

From	To	Estimated Elev. Base	SWL
20	365		

RECEIVED BY OWRD
JAN 14 2014

(12) WELL LOG Ground Elevation _____ SALEM, OR

Material	From	To	SWL
TOP SOIL	0	5	
15'-0" CLAY	5	20	
Grey clay w/ sand	20	225	
Basalt	225	240	
White clay w/ gravel	240	280	
Grey Clay Stone	280	295	
Black Clay Stone	295	335	
Black cl. s. -	335	350	
Grey Clay Stone	350	362	
Basalt	362	760	

RECEIVED BY OWRD
APR 18 2013

Date Started 6/13/12 Completed 2/10/13

(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.

WWC Number 1882 Date 2/10/13
Signed Brad Wilkins

(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.

WWC Number 1557 Date 2/10/13
Signed Brad Wilkins

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

HARN 51924

Well # 2

WELL I.D. # L 102475

START CARD # 184973

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

(1) LAND OWNER Well Number _____
Name Helen Den Hoed
Address 1831 Country Lane Rd.
City Grand View State WA Zip 98430

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 328 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
20"	0	18	Bestbank	0	18	48 bags
16"	18	328				

How was seal placed: Method A B C D E

Other pudding dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+2	187	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	14"	20	280	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method factory
 Screens Type Slot Material 316

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
200	280	7/16"	2400			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2.5 min	0		

Temperature of water 54° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use?
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Harnsey
Tax Lot 900 Lot _____
Township 26 N or S Range 31 E or W WM
Section 5 1/4 _____ 1/4 _____
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 30042 Weaver Springs Ln. Burns OR 97710

(10) STATIC WATER LEVEL
35 ft. below land surface. Date 4/18/13
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 35 ft

From	To	Estimated Flow Rate	SWL
35 ft	328 ft	200 GAL per min	

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	5	
Brown clay	5	20	
Grey clay w/ sand	20	232	
Black sand	232	240	
Grey clay w/ sand	240	280	
Broken clay w/ gravel	280	328	

RECEIVED BY OWRD RECEIVED BY OWRD
APR 22 2013 JAN 14 2014
SALEM, OR SALEM, OR
Date Started 2/15/13 Completed 4/18/13

(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.

WWC 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.

WWC Number 1557 Date 4/18/13
Signed Brad Wilkins