

AUG 16 2018

OWRD

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) LAND OWNER: Name Tom Phillips Well Number _____
 Address 66139 Crane Buchanan Rd
 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 150 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
 Diameter From To Material From To Sacks or pounds
12" 58' 150' N/A A

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

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: _____
 Liner: _____

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method _____
☐ Screens Type _____ Material _____
 From To Slot size Number Diameter Tele/pipe size Casing Liner

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing ☐ Artesian
 Yield gal/min Drawdown Drill stem at Time
250 20 ft 60 ft 1 hr.

Temperature of water 54° Depth Artesian Flow Found _____
 Was a water analysis done? No ☐ Yes By whom _____
 Did any strata contain water not suitable for intended use? No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
 Depth of strata: 10 ft

Harn
51406

WELL I.D. # 84284
 START CARD # 189053

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
 Township 24S N or S Range 34 E or W. WM.
 Section 19 NE 1/4 NE 1/4
 Tax Lot 1200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 9-30-07
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 58'

From	To	Estimated Flow Rate	SWL
<u>58</u>	<u>68'</u>	<u>Sand gravel</u>	<u>30</u>

(12) WELL LOG:

Ground Elevation 4100

Material	From	To	SWL
<u>Sand & gravel</u>	<u>58</u>	<u>68</u>	<u>30</u>
<u>Sand & gravel</u>	<u>68</u>	<u>145</u>	
<u>Gray clay</u>	<u>145</u>	<u>150</u>	

30' when I started.

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DEC 24 2007

OCT 22 2007

WATER RESOURCES DEPT
SALEM OREGONWATER RESOURCES DEPT
SALEM OREGON

Date started 9-25-07 Completed 9-30-07

(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 Kenneth E Smith WWC Number 1752
 Date 10-12-07

T 13009

HARN 52309

WELL I.D. # L _____

(1) LAND OWNER _____ Well Number _____
Name Jim Voss
Address _____ City _____ State _____ Zip _____

(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 unused

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 900 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
78"						

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailor ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 by legal description:
County Harness Latitude _____ Longitude _____
Township 24 S N or S Range 34 E E or W. WM.
Section 19 SE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:**
25.60 ft. below land surface. (usgs) Date 9/12/68
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

[illegible]

(12) WELL LOG: Ground Elevation 4,140

[illegible]

Date started _____ Completed _____

SOURCE OF DATA/INFO Ground Water
Report No. 16 pg 70

COMPILED BY: Halley Barnett
Groundwater Section

DATE: 7/31/2015

WELL INFORMATION REPORT

11/16/2000

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

HARN 52709

WELL I.D. LABEL# L 125174
START CARD # 1037768
ORIGINAL LOG #

Page 1 of 1

3/28/2018

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company BADGER VENTURES, LLC
Address 77 W. ADAMS
City BURNS State OR Zip 97720

(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
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

Depth of Completed Well 875.00 ft. Special Standard ☐ (Attach copy)

BORE HOLE

Dia	From	To	Material	From	To	Amt	Seal	sacks/lbs
16	0	60	Bentonite	0	60	48	S	
12	60	159				Calculated		47.3
14	159	178	Cement	159	178	10	S	
12	178	875				Calculated		3.51

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

☒ Other BENT CHIPS POURED

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
☒	☒	12	☒	3	178	.250	☒	☒	☒	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 178

Temp casing ☒ Yes Dia 16 From + 0 To 10

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Perf/	Casing/	Screen	From		Slot	Slot	# of	Tele/
Screen	Liner	Dia		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)

300		875	2

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 286 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 34.00 E E/W WM

Sec 19 SE 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

66139 CRANE BUCHANAN RD. BURNS, OR 97720

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	3/10/2018		78

Flowing Artesian? ☐ Dry Hole? ☐

WATER-BEARING ZONES _____ Depth water was first found 50

SWL Date From To Est Flow SWL(psi) + SWL(ft)

2/20/2018	50	55	5		38
3/10/2018	861	875	300		78

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown sand	0	1
brown clay	1	4
brown sand	4	7
brown sticky clay	7	36
brown fine sand	36	41
brown clay	41	50
brown clay sticky with cracks	50	55
brown clay hard	55	159
black hard solid basalt	159	243
black hard basalt	243	285
black fractured basalt red green white	285	421
fractured basalt blk brwn red greenwhite	421	861
broken up green clay	861	875

Date Started 2/7/2018

Completed 3/10/2018

(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 3/21/2018

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 3/28/2018

Signed SAM KINGREY (E-filed)

Contact Info (optional) _____

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ORIGINAL - WATER RESOURCES DEPARTMENT

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

AUG 16 2018

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