

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

HARN 51473

Permit G 16378

WELL LABEL # L 93559

START CARD # 197392

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

(1) LAND OWNER
First Name VENNE Owner Well I.D.
Last Name LEACH
Company
Address 4153 NE COLLINS DR
City MADRAS State OR Zip 97741

(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 252 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
24"	0	30	BENT	0	30	65	Scks
20"	30	55					
16"	55	268					

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

Backfill placed from 0 ft. to 128 ft. Material PEN GRAM size 1/4
Filter pack from 0 ft. to 128 ft. Material PEN GRAM size 1/4
Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1 1/2'	38 1/2'	250	—		✓	
✓		14"	+	2'	228	250	—		✓	

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

(7) PERFORATIONS/SCREENS

Perforations Method SAVED
Screens Type Material

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		188	228	1/4"	3"	1120	PIPE

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min 520 Drawdown 220 Drill stem/Pump depth 36 Duration (hr)

Temperature 53 °F Lab analysis ☐ Yes (describe below)
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Units
T	10965		

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23 N or S Range 33 E or W W.M.
Sec 29 SE 1/4 of the SE 1/4 Tax Lot 600

Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD

Street Address of Well (or nearest address) PENNY RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	7-20-08			35

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-21-08	17	19	5			12 1/2
7-20-08	42	268	600+			35

(11) WELL LOG

Ground Elevation 4150

Material	From	To
SANDY TOPSOIL	0	3
BROWN CLAY	3	17
FINE BRN SAND	17	19
GRAY CLAY	19	42
FRACT. GRAY CLAY	42	46
GRAY CLAY - SAND STREAKS	46	205
BROKEN GRAY CLAYSTONE	205	238
VOLCANIC MATEX - ROCK	238	268
GRAVEL - PUMICE		
Bottom 16" loose material filled in @ 252		

Date Started 5-21-08 Completed 7-20-08

(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

Signed Charles Viny

(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 7-24-08

Signed Ruth Z Jm

Contact Info. (optional)

RECEIVED

OCT 14 2009

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

WATER RESOURCES DEPT
SALEM, OREGON