

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

HARN 51541

WELL LABEL # L 96564

START CARD # 1006152

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

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name Jim Last Name Gilmour  
Company \_\_\_\_\_  
Address 30427 S.W. Stellmacher  
City ALBANY State OR Zip 97321

(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 120 ft.

BORE HOLE			SEAL			Amount	Units
Dia	From	To	Material	From	To		
<u>28"</u>	<u>0</u>	<u>18</u>	<u>Bentonite</u>	<u>0</u>	<u>18</u>		<u>0</u>
<u>22"</u>	<u>18</u>	<u>120</u>					

How was seal placed: Method  A  B  C  D  E

Other Poured DRY & Tamped  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Filter pack from 0 ft. to 120 ft. Material Pergravel Size 3/8  
Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>X</u>	<u>X</u>	<u>12"</u>		<u>+2</u>	<u>120</u>	<u>.250</u>	<u>X</u>		<u>X</u>	
<u>X</u>	<u>X</u>	<u>20"</u>		<u>+1</u>	<u>20</u>	<u>.250</u>	<u>X</u>			

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

(7) PERFORATIONS/SCREENS

Perforations Method Saw cut Steel  
Screens Type Rossmoss Material Stainless

Perf	Scrn	Csng	Liner	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
<u>X</u>			<u>X</u>	<u>12"</u>	<u>100</u>	<u>120</u>		<u>3"</u>	<u>480</u>	
	<u>X</u>		<u>X</u>	<u>12"</u>	<u>60</u>	<u>100</u>	<u>.125</u>	<u>cont.</u>	<u>2</u>	

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 20 Drawdown 10' Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 1 hr

Temperature 59 °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 27 N or S Range 33 E or W W.M.  
Sec 1 NW 1/4 of the NW 1/4 Tax Lot 200  
Tax Map Number 200 Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 57935 Lava Bed Rd.  
Princeton

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>1-28-09</u>		<u>2</u>	<u>12</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1-28-09</u>	<u>35</u>	<u>120</u>	<u>600</u>		<u>2</u>	<u>12</u>

(11) WELL LOG

Material	From	To
<u>clay loam topsoil</u>	<u>0</u>	<u>2</u>
<u>clay, brn</u>	<u>2</u>	<u>35</u>
<u>clay green</u>	<u>35</u>	<u>40</u>
<u>clay, blk</u>	<u>40</u>	<u>43</u>
<u>clay green</u>	<u>43</u>	<u>75</u>
<u>sand fine blk</u>	<u>75</u>	<u>85</u>
<u>clay stone green</u>	<u>85</u>	<u>100</u>
<u>silt grey</u>	<u>100</u>	<u>110</u>
<u>clay green</u>	<u>110</u>	<u>120</u>

Date Started 1-21-09 Completed 1-28-09

(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 2-3-09

Signed Tommy H. Riley

Contact Info. (optional) \_\_\_\_\_

RECEIVED

MAR 05 2009