

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51552

WELL LABEL # L 100252

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

START CARD # 200517

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

(1) LAND OWNER Owner Well I.D. _____
First Name DON Last Name NIENKE
Company _____
Address 21765 SW 78th AVE.
City TUALATIN State OR Zip 97062

(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 320 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	130	BENTONITE	0	45	100	Scks
14"	130	240					
12"	240	320					

How was seal placed: Method A B C D E
 Other POURED DRY (120'-130' SAND)
Backfill placed from 45 ft. to 120 ft. Material BENTONITE
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	116'	130	.250	✓			✓
	✓	12"		20"	167	.250	✓			✓

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

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

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500+ Drawdown _____ Drill stem/Pump depth 100' Duration (hr) 1 1/2

Temperature 56 °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 23 N S Range 32 1/2 E or W W.M.
Sec 23 SE 1/4 of the NE 1/4 Tax Lot 2900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 38324 PALOMINO LN.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-10-09</u>		-	<u>24'</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>4-10-09</u>	<u>35</u>	<u>320</u>	<u>800+</u>		-	<u>24'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	2
SANDY BROWN CLAY	2	22
GRAY CLAY - SAND STREAKS	22	112
BROKEN CLAY - GRAY PUMICE SAND	112	118
GRAY CLAYSTONE	118	160
BROWN CLAYSTONE + Brown	160	
SANDSTONE LAYERS		305
BROKEN GRAY PUMICE STONE	305	320

Date Started 4-01-09 Completed 4-10-09

(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 1739 Date 4-10-09

Signed Chuck J...

(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 4-10-09

Signed Arthur J. Jay
Contact Info. (optional) _____

RECEIVED
APR 20 2009