

## STATE OF OREGON

## WATER SUPPLY WELL REPORT

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

05-01-2009

WELL LABEL # L 96573

START CARD # 1006597

## (1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name Jim

Last Name Shepherd

Company \_\_\_\_\_

Address 476 N Koa

City Burns

State OR

Zip 97720

## (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☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

## (5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)Depth of Completed Well 407.00 ft.

## BORE HOLE

| Dia | From | To  | Material  | From | To | Amt | sacks/<br>lbs |
|-----|------|-----|-----------|------|----|-----|---------------|
| 16  | 0    | 18  | Bentonite | 0    | 18 | 25  | S             |
| 12  | 18   | 207 |           |      |    |     |               |
| 10  | 207  | 407 |           |      |    |     |               |

How was seal placed:

Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other poured dry and tam

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used: ☐ Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

## (6) CASING/LINER

| Casing                              | Liner                               | Dia | +                                   | From | To  | Gauge | Stl                                 | Plstc                    | Wld                                 | Thrd                     |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12  | <input checked="" type="checkbox"/> | 2    | 42  | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10  | <input type="checkbox"/>            | 2    | 207 | .250  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_Temp casing ☐ Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## (7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/S | Casing/ | Screen |      |    |          |        |       |           |  |
|--------|---------|--------|------|----|----------|--------|-------|-----------|--|
| creen  | Liner   | Dia    | From | To | Scm/slot | Slot   | # of  | Tele/     |  |
|        |         |        |      |    | 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) |
|---------------|----------|-----------------------|---------------|
| 500           | 120      | 160                   | 6             |
|               |          |                       |               |
|               |          |                       |               |

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 24.00 S N/S Range 30.00 E E/W WMSec 7 NW 1/4 of the SE 1/4 Tax Lot 800

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

☐ Street address of well ☒ Nearest address

67877 Scott Road, Hwy 20 Burns, OR

## (10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

|                              |            |  |                                     |    |
|------------------------------|------------|--|-------------------------------------|----|
| Existing Well / Predeepening |            |  | <input type="checkbox"/>            |    |
| Completed Well               | 04-20-2009 |  | <input checked="" type="checkbox"/> | 28 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 37

| SWL Date   | From | To  | Est Flow | SWL(psi) | +                                   | SWL(ft) |
|------------|------|-----|----------|----------|-------------------------------------|---------|
| 04-20-2009 | 37   | 407 | 500      |          | <input checked="" type="checkbox"/> | 28      |
|            |      |     |          |          | <input type="checkbox"/>            |         |
|            |      |     |          |          | <input type="checkbox"/>            |         |
|            |      |     |          |          | <input type="checkbox"/>            |         |
|            |      |     |          |          | <input type="checkbox"/>            |         |

## (11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material             | From | To  |
|----------------------|------|-----|
| topsoil,             | 0    | 1   |
| clay gravel          | 1    | 6   |
| gravel clay          | 6    | 13  |
| clay brown           | 13   | 37  |
| rock red             | 37   | 70  |
| pumice multi colored | 70   | 110 |
| sandstone brown      | 110  | 120 |
| rock broken          | 120  | 130 |
| obsidian sand        | 130  | 200 |
| rock red             | 200  | 310 |
| cinders red          | 310  | 337 |
| rock gray basalt     | 337  | 350 |
| rock red             | 350  | 385 |
| rock gray with talac | 385  | 407 |
|                      |      |     |
|                      |      |     |
|                      |      |     |
|                      |      |     |

Date Started 04-17-2009Completed 04-20-2009

## (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 \_\_\_\_\_

Electronically Filed

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 05-01-2009

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)