

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 100275START CARD # 201718

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

1) LAND OWNER Owner Well I.D. _____
 First Name JONATHAN Last Name WHITE
 Company MARGARITA WHITE
 Address PO BOX 813
 City HINES State OR Zip 97738

(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 300 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
16"	0	165	CEMENT	0	165	51	SCKS
12"	165	300					

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

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓	12"	+	2	165	.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	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
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(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drift step/Pump depth	Duration (hr)
400		300'	2

Temperature 68 °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 22 N of S Range 32 E of W.W.M.
 Sec 36 NE 1/4 of the SW 1/4 Tax Lot 2500
 Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 36629 Hwy 20E 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	8-24-09		-	23

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 14

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-12-09	14	135	204gpm		-	14
8-24-09	165	300	400		-	23

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	3
BROWN CLAY	3	14
BROWN SAND	14	135
BRN SANDSTONE - SAND STRATA	135	165
PUMICE STONE	165	175
TAN CLAY	175	184
PUMICE STONE - SANDSTONE LAYERS	184	250
TAN CLAY	250	270
PUMICE - BRN. CLAY LAYERS	270	300
PUMICE STONE - GREEN CLAYSTONE	300	300

Date Started 8-10-09 Completed 8-25-09

(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 9-10-09

Signed Charles J. 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 9-10-09

Signed Arthur L. Jay

Contact Info. (optional)

RECEIVED

SEP 14 2009