

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-16-2011

WELL LABEL # L 102544

START CARD # 1013206

(1) LAND OWNER

Owner Well I.D. _____

First Name John

Last Name Warren

Company _____

Address PO Box 491942

City Redding

State CA

Zip 96049

(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 250.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	19	Bentonite	0	19	55	S
12	19	250					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other poured & tamped

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
☒	☐	12	☒	2	67	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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	green	Liner	Dia	From	To	Scrn/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	Drawdown	Drill stem/Pump depth	Duration (hr)
800		250	1

Temperature 58 °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 25.00 S N/S Range 31.00 E E/W WM

Sec 19 NE 1/4 of the NE 1/4 Tax Lot 3700

Tax Map Number _____

Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30911 Weaver Springs Road

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	05-13-2011		158

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 158

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-13-2011	158	250	800		158

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	4
Cinders clay brown	4	12
Clay brown	12	35
Sand brown	35	60
Clay green	60	65
Cinders black, vesicular basalt	65	155
Rock black	155	163
Cinders black	163	180
Rock black	180	190
Sandstone brown	190	200
Cinders multi-colored	200	235
Sandstone brown	235	250

Date Started 05-11-2011

Completed 05-13-2011

(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 05-16-2011

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)