

HARN 51787

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L
START CARD #
ORIGINAL LOG #

95143

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

(1) LANDOWNER Owner Well I.D.
First Name MARTIN Last Name ANDREA
Company
Address 48647 HIGHWAY 78
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK ☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.

Seal Material _____

Casing Type: ☐ Steel ☐ Plastic ☐ Other _____

Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud ☐ Auger
☒ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 230 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	18	CEMENT	0	18	9	SKS
12	18	230					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other GROUT, POURED THROUGH TREMIE PIPE

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		12	+	2	118	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scm	Casing	Linr	Screen	Dia	From	To	Screen/	Slot	# of	Tele/
								slot	length	slots	pipe
								width			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) _____

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units
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(9) LOCATION OF WELL (legal description)

County HARNEY Twp 27S N or S Range 35E E or W W.M.
Sec 17 NE 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 (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	12-20-1989			52

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-1989	190	230				

(11) WELL LOG

Ground Elevation _____

Material	From	To
BROWN CLAY	0	2
BROWN CLAY/SAND	2	13
YELLOW CLAY	13	67
BLUE CLAY	67	93
BLUE CLAY/BLACK SAND	93	169
BROWN GRAY BASALT	169	230

Date Started JULY 1989 Completed 12-20-1989

(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 773 Date 5-20-2011

Signed John Carter

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

ONE COPY FOR CONSTRUCTOR

ONE COPY FOR CUSTOMER

SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OREGON

RECEIVED

JUN 30 2011

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JUN 03 2011

