HARN 51816

10-26-2011

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

WELL LABEL # L 94036

START CARD # 1014856

(1) LAND OWNER

Owner Well I.D. _____

First Name JAMES L. Last Name GREENE

Company _____

Address 63878 HWY. 205

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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 160.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
18	0	20	Bentonite Chips	0	20	28	S
12	20	160					

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

☒ Other poured

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	☒	1	119	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory perf

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing		59	119	.25	3	1,200	

(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	17	120	10

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 3 SE 1/4 of the NW 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◯ Street address of well ◯ Nearest address

63878 HWY. 205
BURNS,OR 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	10-25-2011		☐	21

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
09-26-2011	28	36			☐	21
10-04-2011	52	160			☐	21
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown clay	2	28
Gray clay	28	36
Brown clay with a fine silty sand	36	160

Date Started 09-20-2011 Completed 10-25-2011

(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 1675 Date 10-26-2011

Electronically Filed

Signed GEORGE VALENTINE (E-filed)

(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 1675 Date 10-26-2011

Electronically Filed

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95