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

12-14-2011

WELL LABEL # L 107662

START CARD # 1015574

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company ACW
Address PO Box 3
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 310.00 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amt	sacks/lbs
14	0	21	Bentonite Chips	0	21	30	S
10	21	310					

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
◉	○	10	☒	2	80	.250	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/Screen	Casing/Liner	Screen 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)
400		310	1

Temperature 65 °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 22.00 S N/S Range 33.00 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
○ Street address of well ◉ Nearest address

72987 Cowcreek Road
Burns, Or 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	12-14-2011			18

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
12-14-2011	35	310	400			18

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil clay loam	0	1
Clay brown	1	5
sand medium brown	5	14
Clay grey	14	35
Gravel sand	35	65
Clay green	65	120
Cinder black	120	130
Pumice pink	130	140
Cinders black	140	160
Claystone green	160	180
Pumice pink	180	190
Pumice grey	190	222
Sandstone blue green	222	310

Date Started 12-12-2011 Completed 12-14-2011

(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 12-14-2011
Electronically Filed
Signed TIMOTHY K RILEY (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