

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-29-2012

WELL LABEL # L 107670

START CARD # 1016636

(1) LAND OWNER

Owner Well I.D. CF5 1-9

First Name Don

Last Name Nienke

Company

Address 21765 SW 78th

City Tualatin

State Or

Zip 97062

(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 558.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/ lbs
18	0	20	Bentonite Chips	0	18	24	S	
14	20	265						
12	265	558						

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
☒	☐	14	☒	2	65	.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	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
	Liner							

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		200	1

Temperature 70 °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 27.00 S N/S Range 30.00 E E/W WM

Sec 35 SW 1/4 of the NW 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

53750 HWY 205

Burns, Or. 97720

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	05-23-2012		61

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 490

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-23-2012	490	530	300		61

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil sandy loam	0	1
clay sand	1	20
clay cinders	20	24
rock black	24	42
cinders red	42	72
clay yellow	72	105
clay green	105	120
claystone grey	120	180
clay grey	180	330
clay green	330	410
clay brown	410	415
rock brown	415	420
sandstone grey	420	490
quartz sand	490	530
clay grey	530	540
rock grey	540	552
clay brown	552	558

Date Started 05-15-2012

Completed 05-23-2012

(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 05-29-2012

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)