

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-29-2012

WELL LABEL # L 107671

START CARD # 1016756

(1) LAND OWNER

Owner Well I.D. _____

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 582.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	20	Bentonite Chips	0	20	34	S
14	20	79					
12	79	582					

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	79	.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)
400		250	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 05-28-2012 55.5

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 55.5

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-28-2012	480	520	400		55.5

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil	0	1
clay yellow	1	20
sandstone yellow	20	70
clay & cinders	70	80
rock solid basalt	80	100
clay & cinders	100	110
clay yellow	110	117
clay green	117	135
clay & cinders	135	155
clay grey	155	400
clay green	400	480
sandstone green	480	520
quartz sand medium	520	565
sandstone grey	565	575
clay green grey	575	582

Date Started 05-25-2012

Completed 05-28-2012

(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)