

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51855

WELL LABEL # L 104953
START CARD # 206683
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D.
First Name Cameron Last Name Koehen
Company _____
Address 37522 Sandhill Lane
City Burns State OR Zip 97720

(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 490 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL		
Dia	From	To	Material	From	To
20"	0'	20'	Bentonite	0'	18'
14"	20'	490'			

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14"	+	3'	199'	.025	X		X	
	X	10"		185'	490'	1/2"		X		

Shoe Inside Outside Other Location of shoe(s) 199'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/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 500gpm Drawdown 40' Drill stem/Pump depth 140' Duration (hr) 8 HRS
Temperature 53 °F Lab analysis Yes No
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Hamey Twp 24 N or S Range 32 1/2 E or W W.M.
Sec 16 1/4 of the SW 1/4 Tax Lot 4400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 37522 Sandhill Ln
BURNS OR 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>3-25-11</u>			<u>22'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-13-10</u>	<u>42'</u>	<u>45'</u>	<u>300gpm</u>			<u>20'</u>
<u>10-25-10</u>	<u>305'</u>	<u>330'</u>	<u>300gpm</u>			<u>23'</u>
<u>3-25-11</u>	<u>470'</u>	<u>490'</u>	<u>500gpm</u>			

(11) WELL LOG Ground Elevation 4100'

Material	From	To
Top Soil	0'	42'
Brown Clay	42'	80'
Gray Sandstone	80'	150'
Gray Clay	150'	305'
Green Clay	305'	330'
Clay & sandstone & gravel	330'	390'
Gray Clay & gravel	390'	470'
Rock	470'	480'
Sand & gravel	480'	488'
Rock	488'	490'
Clay, sand & gravel	490'	490'

Date Started 9-13-10 Completed 3-25-11

(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 are true to the best of my knowledge and belief.

License Number _____ Date JUN 29 2012
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 1752 Date 4-15-11
Signed Kenneth A Smith
Contact Info. (optional) _____