

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

HARN 51859

7/23/2012

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

104099

1016900

(1) LAND OWNER

Owner Well I.D. _____

First Name DONLast Name NIENKE

Company _____

Address 21765 SW 78THCity TUALATINState ORZip 97062**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal: _____

(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 TEST HOLE FOR IRRIGATION
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 1002.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	20	Bentonite Chips	0	20	700	P
8	20	1002					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other OVERBORE DRY POUR

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
☒ ☐ 8 ☒ 1.5 32 .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)
40		500	

Temperature 70 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount

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 WMSec 35 NE 1/4 of the NE 1/4 Tax Lot 2000

Tax Map Number _____ Lot _____

Lat _____ " or 43.18595000 DMS or DD

Long _____ " or -118.95732000 DMS or DD

☒ Street address of well ☐ Nearest address

53750 HWY 205 PRINCETON BETWEEN MILE POST 28 AND 29 ON WEST SIDE OF HW

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/28/2012			58
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 560.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/28/2012	560	608	40			58

(11) WELL LOGGround Elevation 4162.00

Material	From	To
topsoil	0	2
clay	2	6
white cleachy	6	12
yellow clay	12	43
dark brown clay	43	52
dark brown clay with siltstone layers	52	65
clay with some coarse sand	65	75
brown sandy shale	75	100
green clay	100	104
dark brown clay	104	154
black shale or soft black rock	154	278
blue green shale or clay (sandy)	278	291
brown sandy shale	291	300
blue green shale or clay (sandy)	300	313
grey and white shale/clay	313	390
grey/white shale with white siltstone	390	406
grey and white shale/clay	406	467
blue grey shale stone (hard)	467	513
blue and purple shale	513	560

Date Started 6/14/2012 Complete 6/28/2012**(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 _____

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 1818 Date 7/23/2012Signed DANIEL MCLERAN (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:

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

[illegible]

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
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Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]