

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

HARN 618755

9/2/2012

WELL I.D. LABEL # L

START CARD #

ORIGINAL LOG #

Page 1 of 1

109037

1017571

(1) LAND OWNER

Owner Well I.D. _____

First Name **MATT**

Last Name **KING**

Company _____

Address **PO BOX 657**

City **BURNS**

State **OR**

Zip **97720**

(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 Thrd

Material From To Amt sacks/lbs

(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 **139.00** ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/lbs
16	0	18	Bentonite Chips	0	18	20	S	
12	18	168						

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

☒	☐	12	☒	1.5	90	.250	☒	☐	☒	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

RECEIVED BY OWRD

Perf/ Casing/ Screen Scrm/slot Slot # of Tele/

Screen Liner Dia From To width length slots pipe size

SALEM, OR

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

800		130	

Temperature **52** °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount

From To Description Amount Units

(9) LOCATION WELL (legal description)

County **HARNEY** Twp **27.00** S N/S Range **34.00** E E/W WM

Sec **6** SW 1/4 of the NW 1/4 Tax Lot **800**

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

60664 ANDERSON

PRINCETON, OR. 97721

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well **8/30/2012** _____ **19**

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found **19.00**

SWL Date From To Est Flow SWL(psi) + SWL(ft)

8/30/2012	19	168	800		19

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil clay loam	0	1
clay brown	1	34
clay green	34	70
sand fine black	70	75
clay green	75	130
sandstone brown soft	130	157
sand fine black	157	162
cinders multi colored	162	168

*well caved to 139
after air test*

Date Started **8/29/2012**

Complete **8/30/2012**

(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 **1424**

Date **9/2/2012**

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: