

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

HARN 51899

1/10/2013

WELL I.D. LABEL# L

94044

START CARD #

185608

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name VONNE Last Name LEACH

Company _____

Address 4153 NE COLLINS DRCity MADRAS State OR Zip 97741**(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 _____
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 220.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
30	0	20	Cement	0	18	42	S
24	20	200					
14	200	220					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other TREMIE PIPE

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
☒	☐	24	☒	2	18	375	☒	☐	☐	☐
☒	☐	14	☒	2	58	250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type carbon Material steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
	Casing		14	58	198	50			

(8) WELL TESTS: Minimum testing time is 1 hour☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2000	45	140	24

Temperature 60 °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 23.00 S N/S Range 33.00 E E/W WMSec 20 NE 1/4 of the NE 1/4 Tax Lot 4000-4001

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address3 MI S ON PENNY LN**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	12/18/2012			23
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONESDepth water was first found 37.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11/15/2012	137	194				23

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown Clay	2	37
Brown Clay/Fine Sand	37	54
Gray Clay	54	131
Blue Clay	131	168
Gray Clay/Pumice	168	194
Green Clay	194	220

Date Started 11/8/2012 Complete 12/18/2012**(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 1675 Date 1/10/2013Signed GEORGE VALENTINE (E-filed)Contact Info (optional) 541-493-2065

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: