

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

HARN 51921

HARN 51921
WELL LABEL # L 103598 111726
START CARD # 206054
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name Philip Last Name Singh
Company _____
Address PO Box 55
City Prilly State OR Zip 97758

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

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	97	Concrete	0	97		100
14"	97	320					

How was seal placed: Method A B C D E
 Other _____
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
Casing Liner Dia + From To Gauge _____ Plastic Welded Thrd
16" + 97 98
JAN 16 2013

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From SALEM, OR To _____

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

Perf	Scrn	Csng	Liner	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 2500 Drawdown _____ Drill stem/Pump depth 320 Duration (hr) 1 hr
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Huachuca Twp 24 N or S Range 27 E or W W.M.
Sec 24 SE 1/4 of the 1/4 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 67457 South L Ranch Rd Prilly OR 97758

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>8-21-12</u>			<u>76'</u>
Completed Well				

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>8-21-12</u>	<u>160</u>	<u>115</u>	<u>1000 gal</u>			<u>76'</u>
	<u>290</u>	<u>300</u>	<u>1000 gal</u>			<u>76'</u>
	<u>220</u>	<u>260</u>	<u>1000 gal</u>			<u>76'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP Soil	0	2
Brown Clay	2	7
Clay	7	10
Brown Clay	10	100
Clay	100	160
Black Lava Rock	160	220
Sand Brown	220	260
Brown Clay	260	290
Sand Brown	290	300
Brn Clay	300	320

Date Started 8-11-12 Completed 8-21-12

(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 1654 Date 12-7-12
Signed _____
Contact Info. (optional) _____