

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

HARN 51936

WELL I.D. LABEL# L	111160
START CARD #	1019759
ORIGINAL LOG #	

5/21/2013

(1) LAND OWNER Owner Well I.D. _____
 First Name BRUCE Last Name ALDRICH
 Company _____
 Address 58290 HWY 78
 City BURNS State OR Zip 97720

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia		+ From To Gauge		Stl	Plstc	Wld	Thrd
Casing:							
	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 CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 250.00 ft.

Dia		+ From To		Material	From	To	Amt	sacks/lbs
BORE HOLE								
<u>12</u>	<u>0</u>	<u>250</u>		Bentonite Chips	<u>0</u>	<u>20</u>	<u>30</u>	<u>S</u>
<u>16</u>	<u>0</u>	<u>20</u>						
<u>12</u>	<u>20</u>	<u>250</u>						

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12</u>	<u>X</u> <u>1</u> <u>106</u> <u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrnm/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)
<u>800</u>		<u>140</u>	<u>1</u>

Temperature 50 °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 25.00 S N/S Range 33.00 E E/W WM
 Sec 2 NW 1/4 of the SE 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
58290 HWY 78
BURNS OR 97720

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>5/13/2013</u>			<u>78</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 78.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5/13/2013</u>	<u>78</u>	<u>250</u>	<u>800</u>			<u>78</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
sandy loam topsoil	<u>0</u>	<u>1</u>
clay brown	<u>1</u>	<u>35</u>
clay brown w/ coarse sand	<u>35</u>	<u>75</u>
sandy clay green	<u>75</u>	<u>80</u>
clay grey	<u>80</u>	<u>105</u>
sandstone brown	<u>105</u>	<u>205</u>
sandstone blue	<u>205</u>	<u>250</u>

RECEIVED BY OWRD
SEP 05 2013
SALEM, OR

Date Started 5/9/2013 Complete 5/13/2013

(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 5/21/2013
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____