

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

HARN 51938

5/24/2013

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

108931

1019183

(1) LAND OWNER

Owner Well I.D. _____

First Name JEB Last Name WHITBYCompany WHITBY BROTHERS FARMAddress 720 W. JUNIPER RD.City MESA State WA Zip 99343**(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 CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 540.00 ft.**BORE HOLE**

Dia	From	To	Material	SEAL	To	Amt	sacks/lbs
28	0	10	Bentonite Chips	0	22	2750	P
22	10	540	Cement	22	135	17750	P

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

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

Filter pack from 135 ft. to 540 ft. Material GRAVEL Size pea gravelExplosives 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
☒	☐	16	☒	1.5	300	.375	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
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☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

Perforations Method _____

Screens Type johnson vwire Material stainless

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	16	300	540	.125			

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1950	360	400	

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 33.00 S N/S Range 31.00 E E/W WMSec 10 NW 1/4 of the NW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or 42.73478200 DMS or DD

Long _____ " or -119.06507700 DMS or DD

☐ Street address of well ☒ Nearest address36605 ROCK CREEK LANE FRENCHGLEN OR 97736**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/8/2013			124

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 160.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/8/2013	300	540	1950			124

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil and clay	0	8
gravel	8	9
silt	9	12
clay and gravel	12	20
burnt or brittle clay	20	65
sand	65	88
burnt/brittle clay and fine sand	88	109
sticky tan clay	109	160
burnt/brittle clay and fine sand streaks	160	203
sand	203	205
burnt or brittle clay	205	220
sand	220	222
burnt or brittle clay	222	230
gravel	230	239
burnt/brittle clay and fine sand streaks	239	300
fine sand	300	350
burnt/brittle clay with some fine sand	350	356
sand and gravel pieces	356	377
sand	377	456

Date Started 3/6/2013 Complete 5/8/2013**(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 1818 Date 5/24/2013Signed 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

[illegible]

(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)

Water Quality Concerns

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

[illegible]