

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

HARN 51939

5/24/2013

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

108932

1019289

(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 Thrd

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 910.00 ft.**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
28	0	9	Bentonite Chips	0	16	2000	P
22	9	277	Cement	16	125	10278	P
15	277	460	Cement	257	277	1400	P
12.25	460	910					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other _____Backfill placed from 125 ft. to 257 ft. Material GRAVEL

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
☒	☐	16	☒	1.5	277	.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 _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
								width	length	slots	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)
200		910	1
100	400	400	0.5

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 3 SW 1/4 of the NW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or 42.74403000 DMS or DD

Long _____ " or -119.06811000 DMS or DD

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

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/7/2013			124

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 123.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/7/2013	277	910	100			124

(11) WELL LOG

Ground Elevation _____

Material	From	To
topsoil and clay	0	6
coarse sand	6	27
clay	27	30
sand and gravel pieces	30	68
clay	68	88
coarse gravels	88	94
clay	94	123
fine sand with thin clay layers	123	176
burnt or brittle clay	176	257
black basalt with white rock	257	263
black basalt with green	263	307
black basalt with brown rock	307	332
brown and yellow rock	332	346
brown to red with some white rock	346	376
white siltstone	376	380
black basalt with siltstone layers	380	418
blue green shale	418	419
black and brown basalt	419	450
red basalt	450	457

Date Started 3/16/2013 Complete 5/7/2013**(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:

