

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

HARN 51942
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5/29/2013

WELL I.D. LABEL # L 109962
START CARD # 1019686
ORIGINAL LOG #

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(1) LAND OWNER

Owner Well I.D. _____
First Name AMY Last Name WOODRUFF
Company _____
Address 101 GOLDSTRIKE CT
City CALDWELL State ID Zip 83607

(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 561.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
20	0	21	Bentonite	0	29	36	S
16	21	410	Cement	29	410	158	S
12	410	561					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other BENTONITE FRM SURF

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
12 2 410 250
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 410
Temp casing ☒ Yes Dia 18 From 0 To 21

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type		Material					
Perf/	Casing/Screen	Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		540	4

Temperature 54 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25.00 S N/S Range 31.00 E E/W WM
Sec 6 SE 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number _____ Lot _____

Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30596 SUNSET VALLEY LANE, BURNS, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration			
Completed Well	5/12/2013		70

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 300.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

5/18/2013	300	400	25		63
5/12/2013	412	560	300		70

(11) WELL LOG

Ground Elevation _____

Material	From	To
hard dry brown clay	0	11
light brown sandy clay	11	28
strips of sand & gravel	28	30
light brown clay	30	36
strips of sand & gravel	36	38
brown clay with hard strips	38	54
green clay hard	54	140
green clay soft	140	205
strips green baked clay	205	324
green clay with cracks	324	404
black basalt with cracks	404	540
hard black basalt	540	561

Date Started 5/2/2013

Complete 5/12/2013

(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 1899 Date 5/29/2013

Signed SAM P KINGREY (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: