

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

HARN 51946

WELL LABEL # L 84762

START CARD # 1019710

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

(1) LAND OWNER

Owner Well I.D. _____
First Name Tom Last Name Marpin
Company _____
Address Home P.O. Box 853
City Clatsop State OR Zip 97132

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)

Depth of Completed Well 160 ft.

BORE HOLE			SEAL			Amount (Scks/lbs)
Dia	From	To	Material	From	To	
<u>Existing</u>			<u>Existing Cement</u>	<u>0</u>	<u>2</u>	<u>20</u>

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 _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>Existing</u>	<u>12"</u>	<u>Y</u>		<u>1</u>	<u>130</u>	<u>250</u>	<u>X</u>		<u>X</u>	
<u>X</u>	<u>12"</u>	<u>Y</u>		<u>1</u>	<u>160</u>	<u>250</u>	<u>X</u>		<u>X</u>	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Saw Cut

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<u>X</u>			<u>X</u>	<u>10"</u>	<u>20</u>	<u>160</u>	<u>1/8</u>	<u>3</u>	<u>2000</u>	

(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>400</u>		<u>160</u>	<u>1</u>

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24 N or S Range 34 E or W W.M.
Sec 30 NW 1/4 of the NW 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)

66131 Clare-Buchanan Rd

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>5-5-13</u>			<u>83</u>
Completed Well	<u>5-20-13</u>			<u>83</u>

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>Existing</u>						

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>Clear out gravel + sand to 160</u>		
<u>Set 160 ft casing + Perfs</u>		
<u>hit steel @ 135 ft</u>		
<u>couldn't advance casing or</u>		
<u>Deepen</u>		
<u>Request start card Refund</u>		
<u>RECEIVED BY OWRD</u>		
<u>JUN 13 2013</u>		
<u>SALEM, OR</u>		

Date Started 5-7-13 Completed 5-20-13

(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 5-27-13

Signed Timothy K. Rife
Contact Info. (optional) _____

HARN 51946

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 84762START CARD # 1019710

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

(1) LAND OWNER

Owner Well I.D.

First Name Tom Last Name Maupin
 Company _____
 Address Crane P.O. Box 858
 City Crane State OR Zip 97732

(2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion

☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____
(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)Depth of Completed Well 160 ft.

BORE HOLE			SEAL				Amount (Sck/lbs)
Dia	From	To	Material	From	To		
Existing			Existing Cement	0	2	20	

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 _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
Existing 12"	✓		1	130	2.50	X		Y	
X 12"	✓		1	160	2.50	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAW CUT

Screens Type _____ Material _____

Perf	Scrn	Casing	Liner	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/pipe size
X			X	10"	20	160	1/8	3	2000	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
460		160	

Temperature 56° °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Herny Twp 24 N or S Range 34 E or W W.M.
 Sec 30 N.W. 1/4 of the N.W. 1/4 Tax Lot _____

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)

66137 Crane-Buchanan Rd

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	3-8-13			83
Completed Well	5-20-13			83

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

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

(11) WELL LOG

Ground Elevation _____

Material	From	To
Clean out gravel + sand to 160		160
Set 160 ft casing + perfs		
hit steel @ 135 ft		
couldn't advance casing or		
deepen		
Request Start card Refund		
RECEIVED BY OWRD		
MAY 30 2013		
SALEM, OR		

Date Started 5-7-13 Completed 5-20-13

(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 5-27-13Signed Timothy K. Hilly
Contact Info. (optional) _____