

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L87761START CARD # 1019709

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

1) LAND OWNER Owner Well I.D. North well
 First Name Tom Last Name MAUFIN
 Company _____
 Address P.O. Box 858
 City Burns State ORE Zip 97720

(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 406 ft.

BORE HOLE			SEAL				Amount (Scks/lbs)
Dia	From	To	Material	From	To		
10"	202	406	Existing	0	20	30	

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"		2	97	250				

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

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Sern	Casing	Linr	Screen	From	To	Screen/	Slot	# of	Tele/
				Dia			slot	length	slots	pipe
							width			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) _____

Temperature 54° °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 (S) Range 34 E (W) W.M.
 Sec 30 NW 1/4 of the NE 1/4 Tax Lot 1400
 Tax Map Number _____ Lot _____

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

Street Address of Well (or nearest address)

66137 Crane-Purkerson Rd.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	5-6-13			70
Completed Well	5-7-13			70

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-7-13	Existing		150			70

(11) WELL LOG

Ground Elevation _____

Material	From	To
Rock Basalt Blk	20.3	31.5
Rock Red	31.5	33.5
Rock Basalt Blk	33.5	406
RECEIVED BY OWRD		
RECEIVED		
JUN 13 2013		
JUL		
SALEM, OR		
SALE		

Date Started 5-6-2013 Completed 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 1424 Date 5-27-13

Signed J. M. K. Pich
 Contact Info. (optional) _____

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 284761START CARD # 1019709

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

(1) LAND OWNER

Owner Well I.D. north well
 First Name Tom Last Name MAUPIN
 Company _____
 Address P.O. Box 858
 City BURNS State ORE Zip 97720

(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 406 ft.

BORE HOLE				SEAL				
Dia	From	To	Material	From	To	Amount	lbs	
10"	202	406	Existing	0	20'	30		

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
EX	IST	12"	2	97	250					

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

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen	From	To	Screen/	Slot	# of	Tele/
				Dia			slot	length	slots	pipe
							width			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)

Temperature 54° °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 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	<u>5-6-13</u>			<u>70</u>
Completed Well	<u>5-7-13</u>			<u>70</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>5-7-13</u>	<u>Existing</u>		<u>150</u>			<u>70</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>Rock Basalt BLK</u>	<u>202</u>	<u>315</u>
<u>Rock Red</u>	<u>315</u>	<u>335</u>
<u>Rock Basalt BLK</u>	<u>335</u>	<u>406</u>

RECEIVED BY OWRD

MAY 30 2013

SALEM, OR

Date Started 5-6-2013 Completed 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 1424 Date 5-27-13Signed Timothy K. Pich
Contact Info. (optional) _____