HARN 51954

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

WELL LABEL # L 101322

START CARD # 1020218

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

(1) LAND OWNER Owner Well I.D.
First Name JEFF Last Name HUSSEY
Company
Address 81850 OTIS VALLEY RD
City Drewsey State OR Zip 97904

(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 685 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	sck/lbs
12	0	72	Bentonite	0	50	33	
8	72	685					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Dry Pour
Backfill placed from 50 ft. to 72 ft. Material Bentonite
Filter pack from ____ ft. to ____ ft. Material ____ Size ____
Explosives used: ☐ Yes Type ____ Amount ____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
/		8	+	4	76	44	/		/	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temporary casing ☒ Yes Diameter 12 From +2 To 25

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

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

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SALEM, OR

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800		680	1 hr

Temperature 82 °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 19S N or S Range 36E E or W W.M.
Sec 31 SE 1/4 of the SW 1/4 Tax Lot 1300
Tax Map Number ____ Lot ____
Lat 43° 52' 20.02" or ____ DMS or DD
Long 118° 20' 35.7" or ____ DMS or DD
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	6-23-13		+	2

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 21

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-22-13	21	23	5			1
6-23	658	680	100		+	2

(11) WELL LOG Ground Elevation 3633

Material	From	To
top Soil	0	4
Clay Dark Brown	4	21
Small gravel	21	23
Clay green/Brown	23	658
hard black clay	658	660
Purple Andesite Rock Broken Granite	660	680
granite hard no Brake	680	685

Date Started 6-22-13 Completed 6-23-13

(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 1867 Date 6-24-13
Signed Alan Winebarger
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006