

# HARN 51962

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

WELL LABEL # L 106229

START CARD # 1020240

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

(1) LAND OWNER Owner Well I.D.  
First Name Shawn Last Name Martin  
Company S and T Land & cattle  
Address 27790 Hwy 20 west  
City Burns State OR 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 203 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	0	203	Existing				

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

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		10"	+	1	140	.250	X		X	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method FACTORY SAW CUT  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X	10"	40	140	1/8	3"	2000	

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 600 Drawdown \_\_\_\_\_ Drill stem/Pump depth 140 Duration (hr) 1

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_  
Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
County HERNEY Twp 24 N or S Range 30 E or W W.M.  
Sec 9 SW 1/4 of the SW 1/4 Tax Lot 101  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 27790 Hwy 20 west  
BURNS OR 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>7-13-13</u>			<u>45</u>
Completed Well	<u>7-15-13</u>			<u>45</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>7-15-13</u>	<u>45</u>	<u>203</u>	<u>600</u>			<u>45</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
<u>gravel med / claystone tan</u>	<u>90</u>	<u>203</u>

**RECEIVED BY OWRD**  
AUG 07 2013  
SALEM, OR

Date Started 7-13-13 Completed 7-15-13

(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 8-5-13  
Signed Timothy K. Riley  
Contact Info. (optional) \_\_\_\_\_