

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN/51990

HARN 51990
WELL LABEL # L 10 44 59
START CARD # 20 6058
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. _____
First Name GOLPER Last Name RULE FARMS
Company _____
Address PO BOX 255
City CHRISTMAS VALLEY State OR Zip 97641

New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 500 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
26"	0	119	Cement	119	75	30	Scks
16"	119	260	Bent	35	0	48	Scks
16"	260	500					

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 75 ft. to 35 ft. Material Bent
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	118	.250	X		X	
X		12"	-	119	260	.250	X		X	

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

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
	X		12"	97	260				

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2000 gal Drawdown 500 Pump depth _____ Duration (hr) hr 7
Temperature 53 °F Lab analysis Yes No
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23 N or S Range 26 E or W W.M.
Sec 12 SE 1/4 of the 12 1/4 Tax Lot 2100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Miller Canyon Rd Rialto OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>4-11-13</u>			<u>152'</u>
Completed Well	<u>4-11-13</u>			<u>152'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES 230

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-13-13</u>	<u>230</u>	<u>240</u>	<u>500 gpm</u>			<u>152</u>
<u>4-11-13</u>	<u>460</u>	<u>500</u>	<u>1500</u>			<u>152</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Clay Gravel Brown	2	115
Lava Rock Brown	115	135
Clay Gravel Brown	135	195
Blind Sand	195	260
Lava Rock	260	290
Brown Rock	290	300
Blind Sand	300	500

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OCT 10 2013 AUG 01 2014

SALEM, OR SALEM, OR

Date Started 11-5-12 Completed 4-9-13

(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 11654 Date 10-6-13
Signed _____
Contact Info. (optional) _____