

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

HARN 52018

WELL I.D. LABEL# L 113433
START CARD # 1022046
ORIGINAL LOG #

2/4/2014

(1) LAND OWNER Owner Well I.D. MORTIMER #1
First Name ANDY Last Name ROOT
Company ACW
Address 524 N HWY 20
City HINES State OR Zip 97738

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Material From To Amt sacks/lbs
Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(3) DRILL METHOD
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy)
Depth of Completed Well 335.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 18, 0, 18, Bentonite Chips, 0, 18, 35, S. Row 2: 14, 18, 335.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED & TAMPED
Backfill placed from \_\_\_ ft. to \_\_\_ ft. Material \_\_\_
Filter pack from \_\_\_ ft. to \_\_\_ ft. Material \_\_\_ Size \_\_\_
Explosives used: [ ] Yes Type \_\_\_ Amount \_\_\_

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) \_\_\_
Temp casing [ ] Yes Dia \_\_\_ From \_\_\_ To \_\_\_

(7) PERFORATIONS/SCREENS
Perforations Method \_\_\_
Screens Type \_\_\_ Material \_\_\_
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1000 [ ] [ ] 330 1

Temperature 60 °F Lab analysis [ ] Yes By \_\_\_
Water quality concerns? [ ] Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22.00 S N/S Range 32.50 E E/W WM
Sec 33 NE 1/4 of the NW 1/4 Tax Lot 2200
Tax Map Number \_\_\_ Lot \_\_\_
Lat \_\_\_ ° \_\_\_ ' \_\_\_ " or \_\_\_ DMS or DD
Long \_\_\_ ° \_\_\_ ' \_\_\_ " or \_\_\_ DMS or DD
[ ] Street address of well [ ] Nearest address

72163 RATTLESNAKE RD
BURNS, OREGON

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [ ] [ ]
Completed Well 1/27/2014 [ ] 62
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 62.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
1/27/2014 62 335 1000 [ ] [ ] 62

(11) WELL LOG Ground Elevation \_\_\_
Material From To
Clay loom topsoil 0 2
Clay Brown 2 10
Clay Grey 10 35
Course Sand/small gravel 35 62
clay Green w/ Small gravel 62 78
Claystone Green 78 165
Claystone Green w/pumice grey 165 195
Pumice 195 265
Claystone Green 265 295
Claystone Green Broken 295 300
Claystone Brown w/black sandstone fractu 300 320
Claystone Grey Hard 320 335

Date Started 1/22/2014 Complete 1/27/2014

(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 2/4/2014
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) Tim Riley 541-573-5695