

**DRAFT**

HARNEY 0203  
 3/14/2014

WELL I.D. LABEL# L 113435  
 START CARD # 1022488  
 ORIGINAL LOG #

**(1) LAND OWNER**  
 Owner Well I.D. WATER WELL  
 First Name ARNOLD Last Name MASTRE  
 Company \_\_\_\_\_  
 Address 58477 HWY 78  
 City BURNS State OR Zip 97720

**(2) TYPE OF WORK**  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**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

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

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 390.00 ft.  
**BORE HOLE**  
 Dia From To Material SEAL Amt sacks/lbs  

18	0	18	Bentonite Chips	0	18	45	S
14	18	390					

How was seal placed: Method  A  B  C  D  E  
 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  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	265	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
-------------------------------------	--------------------------	----	-------------------------------------	---	-----	------	-------------------------------------	--------------------------	--------------------------	-------------------------------------	--

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

**(7) PERFORATIONS/SCREENS**  
 Perforations Method saw cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		14	215	267	.125	3	2000	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		200	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 24.00 S N/S Range 33.00 E E/W WM  
 Sec 35 SE 1/4 of the NW 1/4 Tax Lot 7400  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
58477 HWY 78  
BURNS, OR 97720

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	3/13/2014		<input checked="" type="checkbox"/> 56

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 56.00  

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
3/4/2014	56	390	1000		<input checked="" type="checkbox"/> 56

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

Material	From	To
Clay loom topsoil brown	0	4
clay brown	4	25
clay grey w/cinder chunks blk	25	43
clay stone grey (soft, broken)	43	72
sandstone grey (soft)	72	84
clay black	84	95
sandstone blk w/blue clay stone	95	213
clay stone grey	213	235
sandstone blk fractured	235	356
claystone brown	356	368
claystone grey (broken, soft)	368	390

Date Started 2/25/2014 Complete 3/4/2014  
**(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 3/14/2014  
 Signed TIMOTHY K RILEY (E-filed)  
 Contact Info (optional) Tim Riley 541-573-5695