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

HARN 52048

5/20/2014

WELL I.D. LABEL# L 108766
START CARD # 1022913
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name CAROLYN Last Name CARLSON
Company
Address 65201 HWY 205
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	Thrd
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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 87.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
20	0	18	Bentonite Chips	0	18	24	S
16	18	87					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY
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	Thrd
●	○	16	☒	1	41	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

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

(8) WELL TESTS: Minimum testing time is 1 hour

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		70	1

Temperature 52 °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 31.00 E E/W WM
Sec 33 NE 1/4 of the NE 1/4 Tax Lot 4100
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
65201 HWY 205
BURNS, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	5/6/2014		☐	21

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 21.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/6/2014	21	87	100		☐	21
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
sandy top soil	0	6
brn clay congl	6	28
brn sand	28	66
blk sand	66	87

Date Started 5/5/2014 Complete 5/6/2014

(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 1568 Date 5/20/2014

Signed DAVID KUHN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - continuation page

HARN 52048

5/20/2014

WELL I.D. LABEL# L 108766

START CARD # 1022913

ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

(8) WELL TESTS: Minimum testing time is 1 hour

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Comments/Remarks

well could not be completed to total depth had to temporarily stop and cap
have to hire cable rig to finish well because of sand

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

WELL LABEL # L 108766
START CARD # 1022913

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

(1) LAND OWNER Owner Well I.D. _____
First Name CAROLYN Last Name CARLSON
Company _____
Address _____
City _____ State _____ Zip _____

(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 170 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs
12	80	170	[redacted]				

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	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
[redacted]	X	12		0	100	250	X		X	

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

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X		[redacted]	X	12"	80	100				

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

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

Temperature 52 °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 24 N of (S) Range 31 (E) or W W.M.
Sec 33 NE 1/4 of the NW 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat N 43.45.0 or 46 _____ DMS or DD
Long E -119.01017 _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	6-11-14			15.1

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

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
[redacted] 15	0	170				15.1

(11) WELL LOG Ground Elevation _____

Material	From	To
SAND	80	170

Date Started 5-30-14 Completed 6-1-14

(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 1557 Date 9-1-14
Signed [signature]

(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 1568 Date _____
Signed _____
Contact Info. (optional) VALLEY FLOW

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