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

HARN 52081

7/30/2014

WELL I.D. LABEL# L 113545
START CARD # 1023597
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name B.M. Last Name HANSON
Company BROKEN HOBBLE RANCH
Address 9350 GLOW
City INDEPENDENCE State OR Zip 97351

(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 500.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
12	0	40	Bentonite	0	40	29	S
8	40	500					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED & TAGGED
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
●	○	8	☒	3	98	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 98
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)
350	225	315	24

Temperature 58 °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 21.00 S N/S Range 35.00 E E/W WM
Sec 7 NE 1/4 of the SW 1/4 Tax Lot 497
Tax Map Number Lot
Lat ° ' " or 43.75923000 DMS or DD
Long ° ' " or -118.46130000 DMS or DD
○ Street address of well ● Nearest address
9350 GLOW INDEPENDENCE, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well				

Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 22.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/7/2014	22	24	2			22
7/9/2014	387	500	35	3	☒	6.9

(11) WELL LOG

Ground Elevation

Material	From	To
top soil sandy	0	1
white hard clay	1	9
brown soft clay	9	22
small sand & gravel	22	24
brown clay hard	24	387
black fractured basalt	387	500

Date Started 7/7/2014 Complete 7/9/2014

(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 1896 Date 7/28/2014
Signed TONY HACKETT (E-filed)

(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 1899 Date 7/30/2014
Signed SAM P KINGREY (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: