

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

HARN 52112

10/15/2014

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

115033

1024468

(1) LAND OWNER

Owner Well I.D. _____

First Name GLENN Last Name HARRIS

Company _____

Address PO BOX 144City DREWSEY State OR Zip 97904**(2) TYPE OF WORK**☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)**(2a) PRE-ALTERATION**

Casing: Dia + From To Gauge Stl Plstc Wld Thrld

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 315.00 ft.**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	20	Bentonite Chips	0	20	25	S
8	20	315					

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

☒	☐	8	☒	2	60	.250	☒	☐	☒	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐	☐

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 Screen Liner Dia From To Scrm/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 ☒ Air ☐ Flowing Artesian

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

80		300	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 21.00 S N/S Range 35.00 E E/W WMSec 18 SE 1/4 of the NW 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address49232 HWY 20 EASTDREWSEY, OR**(10) STATIC WATER LEVEL**

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 9/29/2014 _____Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 81.00

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

9/29/2014	7	315	80		7

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOPSOIL	0	2
CLAY & COBBLES	2	5
CLAY - YELLOW	5	17
CLAY - BROWN	17	34
CLAY W/CLAYSTONE - BROWN	34	62
CLAYSTONE - GRAY	62	81
CLAYSTONE - BROWN	81	135
CLAYSTONE - GRAY	135	247
CLAYSTONE - GREEN	247	253
CLAYSTONE - LIGHT BROWN	253	281
ROCK - FRACTURED	281	289
CLAYSTONE - BROWN	289	295
ROCK - BLACK SOLID	295	315

Date Started 9/25/2014 Complete 9/29/2014**(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 10/15/2014Signed TIMOTHY K RILEY (E-filed)Contact Info (optional) TIMOTHY RILEY 541-573-5695

ORIGINAL - WATER RESOURCES DEPARTMENT

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