

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

HARN 52121

10/27/2014

WELL I.D. LABEL# L 116668
START CARD # 1024513
ORIGINAL LOG #

(1) **LAND OWNER**
Owner Well I.D. _____
First Name ANDY Last Name ROOT
Company ACW
Address P.O. BOX 326
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/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION** Special Standard (Attach copy)
Depth of Completed Well 385.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
24 0 54 Bentonite Chips 0 5054 61 S
20 54 332 _____
12 332 385 _____

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from 50 ft. to 54 ft. Material BENTONITE
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
 20 2 54 .250
 16 2.5 332 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) **PERFORATIONS/SCREENS**
Perforations Method Factory
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 16 192 332 125 3 8512 _____

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
2500 16 160 8
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 25.00 S N/S Range 30.00 E E/W WM
Sec 29 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
29062 WEAVER SPRINGS LN. BURNS, OR. 97720

(10) **STATIC WATER LEVEL**
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 10/21/2014 _____ 92
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found 105.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
10/23/2014 105 385 3500 _____ 92

(11) **WELL LOG** Ground Elevation _____
Material From To
Top Soil 0 3
Tan Clay and Cinders 3 20
Black sand & Cinders 20 39
Black Cinder Stone Fractured 39 185
Cinder stone w/ grey clay layers 185 218
Broken cinder stone 218 330
Broken Basalt 330 385
RECEIVED BY OWRD
DEC 03 2014
SALEM, OR

Date Started 10/1/2014 Complete 10/21/2014
(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 1739 Date 10/27/2014
Signed CHARLES M FRY (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 1355 Date 10/27/2014
Signed ARTHUR L FRY (E-filed)
Contact Info (optional) _____