

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108766START CARD # 1022913

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

(1) LAND OWNER
 Owner Well I.D. _____
 First Name CARDYN 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				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
12	50	170	Gravel				

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**

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
EX	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 MILS knife

Screens Type _____ Material _____

Perf	Scrn	Casing/Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X	12"	50	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° or 46° DMS or DD
 Long E 117° 01' 07" 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)
15	0	170				15.1

(11) WELL LOG

Ground Elevation _____

Material	From	To
SAND	50	120

RECEIVED BY OWRD

SEP 10 2014

SALEM, OR

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 9-1-14Signed [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 View