#2

HARN 52122

**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 Mill 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 or 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 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 |

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 1357 Date 9-1-14
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 _____
Signed _____
Contact Info. (optional) Valley View

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