

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

HARN 52170

WELL I.D. LABEL# L 117161
START CARD # 1025710
ORIGINAL LOG # _____

4/14/2015

(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

Casing:		Dial		From		To		Gauge		Stl		Plstc		Wld		Thrd	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seal:		Material		From		To		Amt		sacks/lbs							

(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 525.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
22	0	236	Bentonite Chips	0	45	72	S
12	236	525				Calculated	69.8
						Calculated	

How was seal placed: Method A B C D E

Other POURED DRY

Backfill placed from 45 ft. to 47 ft. Material CEMENTING BASK

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	2	236	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen 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)
700		200	2

Temperature 67 °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.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	4/2/2015			92

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 170.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/3/2015	170	310	1000			92

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Tan Clay and Cinders	2	30
cemented cinders	30	170
Grey clay and cemented cinders	170	236
cemented cinders	236	310
Grey clay and cemented cinders	310	415
green clay	415	525

Date Started 3/9/2015 Completed 4/3/2015

(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 4/14/2015

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 4/14/2015

Signed ARTHUR L FRY (E-filed)

Contact Info (optional) _____