

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

HARN 52174

4/28/2015

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

116138

1025690

(1) LAND OWNER

Owner Well I.D. _____

First Name KURTLast Name SPENCER

Company _____

Address 6459 OAKHILL RDCity ROSEBURG State OR Zip 97471**(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 99.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
24	0	26	Cement	0	26	26.5	S
20	26	101			Calculated	24	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 101 ft. Material PEA GRAV Size pea gravelExplosives 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
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☒ Yes Dia 16 From 2 To 98

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type V Wire WrapMaterial Stainless Steel

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Screen	Casing		12	53	94	.025			12

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
600		96	8

Temperature 57 °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 23.00 S N/S Range 34.00 E E/W WMSec 19 SW 1/4 of the NW 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or -118.58424500 DMS or DD☐ Street address of well ☒ Nearest address6937 CRANE BUCHANNAN RD., BURNS OR 97720**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>3/29/2015</u>			<u>19</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 32.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3/11/2015</u>	<u>32</u>	<u>94</u>	<u>800</u>			<u>19</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
sandy top soil brown	0	3
sandy clay brown	3	17
hard pan brown	17	19
sandy clay brown	19	21
clay brown	21	32
fine sand brown	32	72
sandy clay brown	72	73
fine sand brown	73	94
clay blue	94	97
bottom of well filled w/peagravel	97	101

Date Started 3/3/2015Completed 3/29/2015**(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 _____ 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 1899 Date 4/28/2015Signed SAM P KINGREY (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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