

Revisions Requested

HARN 52187

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**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 92413 **Tag lost!**
Repl: L 134030

START CARD # 184811

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

(1) LAND OWNER Owner Well I.D. _____
 First Name BO Last Name THORNTON FELD
 Company _____
 Address 855 Hills Road NE of
 City Hillsboro State CA Zip 94010

(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 400 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
18	0	100	Bentone	0	100	11000	1BS

How was seal placed: Method A B C D E
 Other powder Dry
 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
X		14	+	1	170	250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method PIAZMA cutter
 Screens Type _____ Material _____

Perf	Scr	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X	X				100	170	1/8	6"	1000	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500+	unknown	400	1

Temperature 58 °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 22S N or S Range 33E or W W.M.
 Sec 20 1/4 of the _____ 1/4 Tax Lot _____
 Tax Map Number 0900 Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 40637 Hwy 20E
BURNS OR 97220

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				100
Completed Well				100

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-3-15	100	350				

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	5
Brown CLAY	5	50
Grey CLAY	50	100
Green CLAY w/LIAMS	100	275
GRAVEL / SAND	275	370
Grey CLAY	370	400

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MAY 20 2015

SALEM, OR

Date Started _____ Completed _____

(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 1557 Date 5-13-15
 Signed [Signature]
 Contact Info. (optional) _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [] SAME AS ABOVE [X] In Care Of (C/O)
Name & Address: All Points Engr & Surveying, Inc, PO Box 767
City, State, Zip: Terrebonne, OR 97760

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22S (North / South) Range: 33E (East / West) Section: 20 SW 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.6485948 - 118.6746046
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 5/13/15 Total Well Depth: 400 Casing Diameter: 14"
Owner at time the well was constructed (if known): Bo Thorenfeldt Well Report # (if known): HARN 52187
Other Information: This is for a replacement TAG. TAG L 92413 LOST.

SUBMITTED BY (please print): Denise Montgomery
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Replacement tag *

For Official Use Only by the Oregon Water Resources Department:
Received Date: 4-25-19 Well Report Number: HARN 52187 Well Identification #: L-134030