

HARN 52189

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

WELL LABEL # L 114921
START CARD # 211012

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
Company _____
Address 3485 HILLSBOROUGH BLVD
City HILLSBOROUGH 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 Observation

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 375 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
10	0	100	Bentonite	0	100	60	SCKS
6	100	375					

How was seal placed: Method A B C D E
 Other Poured
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6	4	1	100	160		X	X	

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scm	Csng	Linr	Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
16	Complete	370	1

Temperature 52 °F Lab analysis Yes By FIDS
Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22 N of 33 Range 33 E or W.W.M.
Sec 32-21 NW 1/4 of the 4W 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 40637 Hwy 20 E
RUNS 01297720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-1-15</u>			

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5/1/15</u>	<u>40</u>	<u>60</u>	<u>500</u>			<u>60</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>General CLAY</u>	<u>0</u>	<u>20</u>
<u>Brown SAND</u>	<u>40</u>	<u>60</u>
<u>Grey CLAY</u>	<u>60</u>	<u>100</u>
<u>Green CLAY</u>	<u>100</u>	<u>350</u>
<u>Grey CLAY</u>	<u>350</u>	<u>375</u>

RECEIVED BY OWRD
MAY 20 2015
SALEM, OR

Date Started 5-1-15 Completed 5-11-15

(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.

RECEIVED BY OWRD
License Number _____ Date _____
Signed SEP 17 2015

(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.

SALEM, OR
License Number _____ Date 12/23/19
5-11-15
Signed B. T. W. B. T. W.
Contact Info. (optional) _____

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