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

HARN 52447

11/11/2015

WELL I.D. LABEL# L 118166
START CARD # 1027368
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name KURT Last Name SPENCER
Company
Address 6459 OAKHILL RD
City ROSEBURG State OR Zip 97471

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:						◯	◯	☐	☐

	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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 740.00 ft.

BORE HOLE

Dia	From	To
16	0	105
12	105	740

SEAL

Material	From	To	Amt	sacks/lbs
Cement	0	105	66	S
		Calculated	48.68	
		Calculated		

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	◯	12	☒	2	138	.250	◉	◯	☒	☐
◯	◉	10	☒	3	500	.250	◉	◯	☒	☐
◯	◯		☐				◯	◯	☐	☐
◯	◯		☐				◯	◯	☐	☐
◯	◯		☐				◯	◯	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 138
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	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)
350		740	3

Temperature 54 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 201

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23.00 S N/S Range 33.00 E E/W WM
Sec 19 NW 1/4 of the NW 1/4 Tax Lot 1000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◯ Street address of well ◉ Nearest address
6937 CRANE BUCHANAN RD. BURNS, OR 97720

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	10/15/2015		☐	36

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 44.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/27/2015	44	81	250		☐	27
7/31/2015	494	735	350		☐	36
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation 4105.00

Material	From	To
brown sand	0	2
brown clay	2	44
brown sand	44	81
brown clay	81	95
blue clay	95	494
black fractured rock w/b	494	735
green clay	735	740

Date Started 7/27/2015 Completed 10/15/2015

(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 1896 Date 7/30/2015

Signed TONY HACKETT (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 1899 Date 10/26/2015

Signed 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: