

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

4/14/2016

WELL I.D. LABEL# 119888
START CARD # 1029884
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name MATT Last Name BAUER
Company DEVINE ARISE FARMS
Address 68000 RAW HIDE ROAD
City HINES State OR Zip 97738

(2) TYPE OF WORK
[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: [] [] [] [] [] [] [] []

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 604.00 ft.
BORE HOLE SEAL sacks/ lbs
Dia From To Material From To Amt lbs

How was seal placed: Method [] A [] B [X] C [] D [] E
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
Shoe [] Inside [X] Outside [] Other Location of shoe(s) 269
Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
500 100 400 8
Temperature 58 °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 24.00 S N/S Range 29.00 E E/W WM
Sec 1 SE 1/4 of the NE 1/4 Tax Lot 101
Tax Map Number Lot
Lat ' " or " DMS or DD
Long ' " or " DMS or DD
[] Street address of well [] Nearest address
SAME AS ABOVE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 3/26/2016 166
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 179.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
3/18/2016 179 243 30 170
3/26/2016 295 604 30 166

(11) WELL LOG
Ground Elevation
Material From To
brown sand 0 6
brown sandy clay 6 9
brown sand 9 15
red hard rock 15 25
red fractured rock 25 36
brown fractured rock 36 59
red fractured rock 59 125
red broken rock 125 158
brown fractured rock 158 179
black fractured rock 179 187
brown fractured rock 187 223
brown broken rock 223 243
red hard rock 243 295
red fractured rock 295 321
red broken rock 321 343
red fractured rock 343 385
red broken rock 385 401
red fractured rock 401 446
red broken rock 446 604

Date Started 3/9/2016 Completed 3/26/2016

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, or

This report was originally e-filed to the Department;
the original e-filed document is attached.

License Number 1896 Date 4/14/2016
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 4/14/2016
Signed SAM P KINGREY (E-filed)
Contact Info (optional)

RECEIVED BY MAIL
MAY 12 2016
SALEM, OR