

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

4/14/2016

WELL I.D. LABEL# L119884
START CARD # 1029560
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company RSG FOREST PRODUCTS
Address 985 NW. 2ND ST.
City KALAMA State WA Zip 98625

(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 ☐ Other _____
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 915.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
20	0	219	Cement	0	219	152.5 S
12	219	570			Calculated	130.03
10	570	915			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
☒ ☐ 16 ☒ 1 199 .250 ☒ ☐ ☒ ☐
☐ ☐ 16 ☐ 199 219 .375 ☒ ☐ ☒ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 219
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/	Casing/Screen		Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	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)
95 355 400 2

Temperature 56 °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 32.00 S N/S Range 32.00 E E/W WM
Sec 29 NE 1/4 of the SW 1/4 Tax Lot 1103
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☒ Nearest address

NW CORNER OF HWY 205 AND ROCK CREEK RD. APPROX. 1/2 MILE
NORTH AND 1/4

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 3/20/2016 _____ 98
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 109.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/10/2016	109	181	30		100
3/1/2016	252	915	100		98

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown clay	0	43
black rock	43	71
black rock with red strips medium soft	71	81
black rock with clay strips medium soft	81	109
black rock fractured with water Hard coarse	109	165
black rock fractured Hard coarse	165	181
black rock solid Hard	181	252
black rock with fractures medium soft	252	319
black broken rock Hard fine	319	518
black fractured rock Hard fine	518	670
black fractured rock with tan strip soft coarse	670	725
black broken rock Hard fine	725	915

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

Date Started 2/5/2016 Completed 3/20/2016

(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 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 SAMP 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: