

HARN 52502

STATE OF OREGON
WATER SUPPLY
(as required by ORS 526.0210)

DRAFT

WELL LABEL # L 92425

START CARD # 144807

HARN 52502

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

(1) LAND OWNER Owner Well I.D. # 6
First Name Jim Last Name Clemens
Company _____
Address 235 Hwy 20
City Booneville State OR Zip 97220

(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	40	Bentonite	0	40	10,000	LBS
14	90	400					

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

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
14		14	X	2	250	250	X		X	

Shoe Inside Outside Other Location of shoe(s) 250
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Plasma
Screens Type Slot Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				120	230	3/16	4"	1000	

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian
Yield gal/min 100 Drawdown _____ Drill stem/Pump depth total 200 Duration (hr) 1 Hr

Temperature 54 °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 _____ N or S Range _____ E or W W.M.
Sec 22 SE 1/4 of the NE 1/4 Tax Lot 1100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

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

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 60

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
15						
4-1-16	60	240	400			20'

(11) WELL LOG

Material	From	To
Soil	0	5
Brown clay	5	60
Sandy Gray Clay	60	70
Sandy Gray Clay	70	90
Sand w/ shell		
Gravel	90	120
Sand, Gravel, Pumice	120	155
Coarse White Sand		
With Pumice	155	230
Gray Clay	230	255
Sandy Gray Clay	255	325
Hard Black Clay with gr	325	350
Gravel	350	400

Date Started 3-1-16 Completed 4-4-16

(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 MAY 03 2016

Signed _____

(bonded) Water Well Constructor Certification SALEM, OR

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 4-6-16

Signed Karl Wilke

Contact Info. (optional) _____