

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

6/2/2016

WELL I.D. LABEL# L 119894
START CARD # 1030407
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name JEFF Last Name GILMOUR
Company HARNEY SPOT RANCHES LLC
Address 39937 SODHOUSE LN
City PRINCETON State OR Zip 97721

(2) TYPE OF WORK

☒ 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

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 210.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
16	0	18.5	Bentonite	0	18.5	16	S
12	18.5	146			Calculated	14.58	
10	146	210			Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED & TAGGED

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	☒	1.5	18.5	.250	☒	☒	☒	☒
☒	☒	10	☒	2	146	.250	☒	☒	☒	☒
☒	☒	8	☒	138	210	.250	☒	☒	☒	☒

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method plasma torch

Screens Type		Material					
Perf/	Casing/ Screen	Scrtn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots pipe size
Perf	Liner	8	148	210	1.25	5	1200 8

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		210	2

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 249
From To Description Amount Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26.00 S N/S Range 33.00 E E/W WM
Sec 31 NE 1/4 of the NW 1/4 Tax Lot 6400

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	5/5/2016			53

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 53

SWL Date From To Est Flow SWL(psi) + SWL(ft)

5/2/2016	53	210	500		53

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown sandy clay	0	6
black basalt	6	53
black basalt fractured	53	69
black basalt broken	69	78
black basalt fractured	78	103
black basalt broken	103	148
black basalt fractured	148	210

RECEIVED BY OWRD

JUL 11 2016

SALEM, OR

Date Started 4/29/2016 Completed 5/5/2016

(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 6/2/2016

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 6/2/2016

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: