

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

102550

START CARD #

1030423

ORIGINAL LOG #

Harn 51300 08-22-2011

(1) LAND OWNER

Owner Well I.D. _____

First Name JEFF

Last Name GILMOUR

Company _____

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
	12	1	20	.250	☒	☐	☒	☐

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	18	30	Sacks

(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 385.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
16	0	18	Bentonite Chips	0	18	30 S
12	18	305				Calculated 12.24
8	305	385				Calculated

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other EXISTING

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
☒	☒	8	1	305	.250	☒	☐	☒	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method PLASMA CUT

Screens Type		Material		Perf/ Casing/ Screen		Scrns/ slot		# of		Tele/	
Perf	Casing	Liner	Dia	From	To	width	length	slots	slots	pipe size	pipe size
			8	225	305	.125	3	960			

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
250		380	1

Temperature 60 °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 26.00 S N/S Range 33.00 E E/W WM

Sec 31 NW 1/4 of the SW 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

39937 SODHOUSE LN

PRINCETON, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration	5/3/2016			58
Completed Well	5/9/2016			58

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 58.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/9/2016	58	385	250			58

(11) WELL LOG

Ground Elevation _____

Material	From	To
EXISTING	0	305
CLAY - BROWN HARD	305	320
SANDSTONE - TAN	320	330
ROCK - BLACK	330	385

RECEIVED BY OWRD

JUL 18 2016

SALEM, OR

Date Started 5/3/2016

Completed 5/9/2016

(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 _____ Date _____

Signed _____

(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 1424 Date 6/2/2016

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) TIM RILEY 541-573-5695