

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

HARN 52524

7/21/2016

WELL I.D. LABEL# L 119898
START CARD # 1030809
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name ROGER Last Name SHELEY
Company _____
Address 71111 RUHL RD.
City BURNS State OR Zip 97720

(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 Thrld
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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 200.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	200	Bentonite Chips	0	2	2	S
					Calculated	1.13	
			Cement	2	60	43	S
					Calculated	19.34	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other BENTONITE FROM SUR

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 60 ft. to 200 ft. Material PEA GRAV Size pea gravelExplosives 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 Thrld
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENSPerforations Method plazma torch

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Perf	Casing		8	100	200	.125	4	1600	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)
200	42	192	6

Temperature 59 °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 23.00 S N/S Range 32.00 E E/W WMSec 3 SE 1/4 of the SE 1/4 Tax Lot 00800

Tax Map Number _____ Lot _____

Lat _____ " or 43.60045000 DMS or DD

Long _____ " or -118.86230000 DMS or DD

☐ Street address of well ☒ Nearest address

SAME AS ABOVE ONLY SOUTH ON RUHL RD PAST POND-PIVOT ON
RIGH, SE CORNER

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/24/2016			67
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/7/2016	10	19	5			10
6/8/2016	45	50				35
6/21/2016	101	200	200			67

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil	0	2
cemented sand brown	2	19
clay sticky blue	19	37
clay brown	37	45
sand & small gravel brown	45	50
clay grey	50	90
clay brown	90	101
medium gravel & sand	101	107
clay grey with strips of gravel	107	121
clay with cracks white & green	121	137
clay with cracks brown	137	158
clay green	158	200

Date Started 6/7/2016 Completed 6/24/2016**(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 1899 Date 7/14/2016Signed 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: