

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Department of State
Address 1645 Forbesville Rd
City _____ State _____ Zip _____

(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 390 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
20"	0	39	Bent	0	39	60
16"	39	290				20
16"	290	390				20

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

☒ Other Bent 3 min per ft

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	16"	+	1	39	250	☒	☐	☐	☐
☐	12"	-	2	290	250	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Perf/S	Casing/Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
creen	liner				width	length	slots	pipe size
☒	☒	12"	190	290	3/8"	3	10	40

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
360 gal		370	1 hr 2

Temperature 56° F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 300

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 23 N/S Range 32 E/W WM
Sec 10 NE 1/4 of the NE 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

mile post 142 1/2 hwy 20 Burns

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	5-11-16		64'

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 60

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
5-11-16	60	65	25 gpd		64'
5-11-16	80	290	300 gpd		64'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Gray Clay	2	43
PUWLE Sand	43	65
Green Clay	65	80
Black Pencil	80	290
Gray Clay	290	390

RECEIVED BY OWRD
JAN 03 2017
RECEIVED BY OWRD
APR 03 2017
SALEM, OR
MAR 06 2017
SALEM, OR

Date Started 1-25-16 Completed 5-11-16

(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 _____

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 1654 Date 12-29-16

Signed _____

Contact Info (optional) _____