

(1) **LAND OWNER** Owner Well I.D. _____
 First Name Dan Last Name McNelly
 Company _____
 Address PO Box 152
 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 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 360 ft.
 BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
20"	0	39	Cement	0	39	50	Seal
16"	39	295				Calculated 75	
11"	295	360				Calculated	

 How was seal placed: Method A B C D E
 Other _____
 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	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	+	1	39	.750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"	+	1	99	.750	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) **PERFORATIONS/SCREENS** Perforations Method FI
 Screens Type _____ Material _____

Perf/S	Casing/Screen	Screen/slot	Slot	# of	Tele/			
green	Liner	Dia	From	To	width	length	slots	pipe size
X	12"	100	300	1/8	2 x 1/2	150"	12"	

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 250 Drawdown 360 Drill stem/Pump depth 400 Duration (hr) 1
 Temperature 53 °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)** Harn 52625
 County Harnett Twp 23 N/S Range 32 E/W WM
 Sec 30 1/4 of the SE 1/4 Tax Lot 700
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

11w/78 Burns Mill p. 51 7-7

(10) **STATIC WATER LEVEL** Date 8-04-15 SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 8-04-15 _____
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 80'

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-04-15	80'	80'	200		48
8-5-15	295	295	250		48

(11) **WELL LOG** Ground Elevation _____

Material	From	To
TOP Soils	0	2
Grey clay	2	50
Black sand grade	50	300
Bluish clay greenish	300	360

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 SALEM, OR SALEM, OR

Date Started 7-27-15 Completed 8-04-15

(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 12-25-16
 Signed _____
 Contact Info (optional) _____