

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company Department of state lands
Address 1645 NE Forbes RD suite 112
City Bend State OR Zip 97701

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Dia + From To Gauge Stl Plstc Wld Thrd
Casing: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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 420 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
24"	0	79	Bent	0	79	144	50
16"	79	315				Calculated	30
10"	315	420				Calculated	

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

☒ Other Bent 3 mm pour

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
☒	☒	16"	+	1	79	.250	☒	☐	☒	
☐	☐	12"	-	15	315	.250	☒	☐	☒	
☐	☐						☐	☐	☐	
☐	☐						☐	☐	☐	
☐	☐						☐	☐	☐	

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

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Perf/S	Casing/	Screen	Perf/S	Casing/	Screen	Perf/S	Casing/	Screen
reen	Liner	Dia	From	To	width	length	# of	Tele/	reen	Liner	Dia
		12"	175	315	1/8	31"	1	5/8"			

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

300 gpm		420	1
estimated			

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 200 Units

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 23 N Range 32 W WM
Sec 10 SE 1/4 of the NW 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

Hwy 20 in burnes Between 142 and 143 on the right

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6-2-17			63
Flowing Artesian?				
Dry Hole?				

WATER BEARING ZONES

Depth water was first found 45

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/27/17	45	45 1/2	5 gal			15'
6-2-17	100	315	305 gal			63'

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil	0	2
Broken gray clay w. b	2	45
bluish clay	45	95
grayish clay	95	120
fractured gray clay/sand	120	230
pumice	230	300
gray clay	300	315
cubed clay	315	330
fractured clay	330	365
pumice	365	402
fractured clay/sand	402	420

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JUN 15 2017

JUL 10 2017

SALEM, OR

SALEM, OR

Date Started 5-25-17 Completed 6-2-17

(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 6-9-17

Signed _____

Contact Info (optional) _____