

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

HARN 52662

7/20/2017

WELL I.D. LABEL# L 125151
START CARD # 1033234
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name JERRY & LINDA Last Name MILLER
Company _____
Address P O BOX 796
City CRANE State OR Zip 97732

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 876.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	78	Cement	0	412	349	S
16	78	410	Calculated			214.62	
12	410	565	Calculated				
10	565	876	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 _____ Actual Amount _____

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 412
Temp casing ☒ Yes Dia 16 From + 2 To 78

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size			

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
5		876	2

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 276 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 26.00 S N/S Range 35.00 E E/W WMSec 3 NW 1/4 of the NE 1/4 Tax Lot 00300

Tax Map Number _____ Lot _____

Lat _____ " or 43.34618600 DMS or DD

Long _____ " or -118.39507300 DMS or DD

☐ Street address of well ☒ Nearest address

48293 CRANE VANETA LANE CRANE, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/1/2017			280
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONESDepth water was first found 50.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12/1/2016	50	61	10			26
12/1/2016	61	97	40			26
3/6/2017	206	216	100			26
4/20/2017	571	876	5			280

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown sandy clay	0	12
brown sticky clay	12	50
silty sand & gravel	50	61
black fractured rock	61	97
black purple red rock	97	131
blue clay	131	148
brown clay	148	160
grey blue clay	160	190
brown clay with soapstone	190	206
green soapstone with pumice	206	216
light grey clay	216	230
light green clay	230	312
green clay	312	340
solid black rock	340	360
black rock with purple strips	360	382
purple red clay	382	390
red clay	390	395
black rock	395	410
black rock	410	565

Date Started 12/1/2016 Completed 7/1/2017**(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 1896 Date 7/20/2017Signed TONY HACKETT (E-filed)**(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 7/20/2017Signed 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:

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
								
								
								

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
					Calculated		
					Calculated		
					Calculated		
					Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

[illegible]

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

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

[illegible]

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

Comments/Remarks

Broke down had to pull off fix rig went back owner ran out of money, wants to keep going this Fall, maybe this coming Winter.