

(1) LAND OWNER

Owner Well I.D. _____
First Name Mike Last Name Reita
Company _____
Address PO Box 537
City Hines State OR Zip 97138

(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 659 ft.

BORE HOLE			SEAL			Amt	lbs
Dia	From	To	Material	From	To		
24"	0	80	Bent	0	80	320	
20"	80	199				100	
14"	199	630					
8"	630	659					
						Calculated	
						Calculated	

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

☒ Other 3/8 Bent Pack 3mm

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" 1 199 .250 ☒ ☐ ☒ ☐
Shoe ☒ Inside ☐ Outside ☐ Other Location of shoe(s) 199
Temp casing ☐ Yes Dia 16" From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type		Material		# of slots	Tele/ pipe size
Perf/S	Casing/ Screen	From	To		
green	Liner	Dia	From	To	

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>2000</u>	<u>20'</u>	<u>630</u>	<u>4hr</u>

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 387

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 24 N/S Range 30 E/W WM
Sec 26 NW 1/4 of the NE 1/4 Tax Lot 2200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

30 338 Engstrom Lane Hines 97138

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 8-26-17 112'
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 60

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>7-10-17</u>	<u>60</u>	<u>65</u>	<u>100gpm</u>		<u>55'</u>
<u>8-26-17</u>	<u>320</u>	<u>630</u>	<u>2000gpm</u>		<u>112'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay	2	60
Sand gravel	60	65
Brown clay	65	85
Black sand with clay	85	198
Green clay	175	198
Brown clay	198	320
Brown loess rock	320	560
Black loess brown	560	630
Blue clay	630	659

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DEC 04 2017 DEC 12 2018

SALEM, OR OWRD

Date Started 6-3-17 Completed 8-26-17

(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 10-10-17

Signed John

Contact Info (optional) _____