

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL#	L130032
START CARD #	1039227
ORIGINAL LOG #	HARNEY 52697

(1) LAND OWNER

Owner Well I.D.

First Name ROGER Last Name SHELEY

Company _____

Address 71111 RUHL RD.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
16	1	79	.250					

Material	From	To	Amt	sacks/lbs
Seal: Bentonite	0	79	96	Sacks

(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 300.00 ft.

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

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☐ Other _____Backfill placed from 300 ft. to 379 ft. Material NATURALFilter pack from 0 ft. to 280 ft. Material PEA GRAV Size pea gravelExplosives 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
		10	2	300	.250				

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 300Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holt Star Perforator

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
Screen	Liner					width	length	slots	pipe size
Perf	liner	10	120	280	250	1			10

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		280	3

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 23.00 S N/S Range 32.00 E E/W WMSec 10 SW 1/4 of the NE 1/4 Tax Lot 1500

Tax Map Number _____ Lot _____

Lat _____ " or 43.59549000 DMS or DDLong _____ " or -118.87137000 DMS or DD☐ Street address of well ☒ Nearest address

SAME AS ABOVE CLOSEST ADDRESS AND OWNER. 1.25 MILES SOUTH ON RUHL RD.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Pre-Alteration	6/15/2018		55
Completed Well	2/21/2018		55

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 55

SWL Date From To Est Flow SWL(psi) + SWL(ft)

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/21/2018	120	280	200		55

(11) WELL LOG

Ground Elevation _____

Material	From	To
See original WELL Log		
Well had no ID Tag and could not see where one was ever assigned so we put one on it. Well was filled into 101' cleaned out to 280' and ran 10" casing to 300' to match original log. If there was any bore hole below 300' we did not disturb it.		
RECEIVED		
JUL 12 2018		
OWRD		

Date Started 6/15/2018Completed 6/21/2018

(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 1899 Date 6/26/2018Signed SAM KINGREY

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: