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

HARN 52731

8/1/2018

WELL I.D. LABEL# L 130036
START CARD # 1039496
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JOE Last Name MILLER
Company
Address 35790 ROCK CROCK LANE
City FRENCHGLEN State OR Zip 97736

(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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 278.00 ft.

BORE HOLE

Dia	From	To
20	0	50
16	50	278

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	50	57	S
		Calculated	50.48	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED & TAGGED
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
●	○	16	☒	2	118	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 118
Temp casing ☐ Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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)
50		248	2

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 265 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 33.00 S N/S Range 30.00 E E/W WM
Sec 12 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number Lot
Lat ° ' " or 42.73130700 DMS or DD
Long ° ' " or -119.13000000 DMS or DD
○ Street address of well ◉ Nearest address
SAME AS ABOVE

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	7/13/2018		☐	110

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 171.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/13/2018	171	202	50		☐	110
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
brown sand	0	2
brown clay hard	2	7
cemented gravel bar	7	10
brown sand	10	22
brown sandy clay	22	25
tan clay	25	32
green tan red brown sandstione	32	171
grn tan red brwn sndstn w/crks fn blksnd	171	202
green sandstone	202	266
black basalt	266	278

Date Started 7/9/2018 Completed 7/13/2018

(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 1896 Date 7/17/2018

Signed 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 8/1/2018

Signed SAM 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: