

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

HARN 52779

4/5/2019

WELL I.D. LABEL# L	62877
START CARD #	1042223
ORIGINAL LOG #	WASHINGTON 52476

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company ROARING SPRINGS RANCH
Address 985 NW 2ND ST
City KALAMA State WA Zip 98625

(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
6 ☒ 1 99 .250 ☒ ☐ ☒ ☐
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 18 14 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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)Depth of Completed Well 385.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
10	0	18	Bentonite Chips	0	18	14	S
6	18	385				Calculated	8.55
						Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POURED AND TAMPEDBackfill placed from 0 ft. to 18 ft. Material BENTONITE CHIPS

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
☒ ☐ 6 ☒ 1 99 .250 ☒ ☐ ☒ ☐
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen 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)
11.5		380	2

Temperature 68 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 78 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 29.00 S N/S Range 33.00 E E/W WMSec 29 NE 1/4 of the NE 1/4 Tax Lot 502

Tax Map Number _____ Lot _____

Lat _____ " or 43.02747000 DMS or DD

Long _____ " or -118.66442000 DMS or DD

☐ Street address of well ☒ Nearest address

NORTH DIAMOND LANE**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration	3/21/2019			18
Completed Well	4/5/2019			13

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 97.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3/5/2016	97	150	10			18
4/3/2019	373	378	12			13

(11) WELL LOG

Ground Elevation _____

Material	From	To
YELLOW CLAY	0	27
BROWN CLAYSTONE	27	53
BROWN CLAYSTONE/BLACK CINDER	53	59
GREEN SHALEY CLAYSTONE	59	68
WHITE & TAN PUMICE	68	74
BROWN CLAYSTONE	74	83
YELLOW SHALE	83	91
DARK BROWN CLAY	91	97
BROKEN BLACK BASALT	97	150
YELLOW CLAYSTONE	150	163
RED CINDER	163	172
GREEN CLAY	172	178
BLACK BASALT	178	282
BROWN BASALT	282	308
LIGHT GREEN CLAY	308	345
BROKEN BLACK BASALT/GREEN CLAYSTONE	345	357
BLACK BASALT	357	364
GREEN SHALEY CLAYSTONE	364	373
RED CINDER	373	378

Date Started 3/21/2019 Completed 4/5/2019**(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 773 Date 4/5/2019Signed JOHN OETTER (E-filed)Contact Info (optional) 775-625-0287

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

