

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

HARN 52796

WELL I.D. LABEL# L 133020
START CARD # 214237
ORIGINAL LOG #

(1) LAND OWNER

First Name Tim Owner Well I.D. Puckett
Company _____ Last Name _____
Address PO Box 255
City CL State OR Zip 97641

(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 CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 1000 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	Calculated
22"	0	39	Bent	0	39	80	45
16"	39	960					
8"	960	1000					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3 min pure 3/4 Bent

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16"	+	1	39	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____

Material RECEIVED

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/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 1500 Drawdown 1000 Duration (hr) _____

Temperature 55 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 397

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Hearst Twp 27 N/S Range 24 E/W WM
Sec 2 1/4 of the _____ 1/4 Tax Lot 200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
☐ Street address of well ☐ Nearest address

Anderson Valley NW Princeton

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	<u>4-18-19</u>			<u>194</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 580

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>4-18-19</u>	<u>580</u>	<u>585</u>	<u>500</u>			<u>194</u>
<u>4-18-19</u>	<u>585</u>	<u>1000</u>	<u>1500</u>			<u>194</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown Clay	2	80
Brown Sand Stone Hard	80	262
Tan Clay Stone	262	398
Brown Sand Stone	398	492
Tan Clay Stone	492	540
fractured limestone	540	580
White Pym	580	652
Dark Red Clay	652	665
Brown Sand Stone with Amp	665	782
Blue Pym with gunk	782	852
Brown Lm Rock	852	960
Blue Clay	960	1000

Date Started 3-18-19 Completed 4-18-19

(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 _____

Signed Sh

Contact Info (optional) _____