

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 52827

WELL LABEL # L 114920
START CARD # 211012
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER
First Name: Bo Last Name: Thorenfeldt
Company: _____
Address: 885 Hillsborough Blvd
City: Hillsborough State: CA Zip: 94010

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material: Bentonite
Casing Type: Steel Plastic Other _____
Casing Gauge: 250 Casing Diameter: 18"

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 280 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
22	0	60	Bentonite	0	100	1600	10S
18	120	280					

How was seal placed: Method A B C D E
 Other: Placed
Backfill placed from _____ ft. to _____ ft. Material _____
Liner pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		18	+	2	120	250	X		X	
	X	14	+	2	160	250	X		X	

Shoe Inside Outside Other Location of shoe(s): 120
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method: Placed
Screens Type: Slot Material: _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X		X			100	120	1/4"	4"	800	
X		X			100	160	1/8"	4"	800	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min: 450 Drawdown: Complete Drill stem/Pump depth: _____ Duration (hr): _____
Temperature: 62 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County: Harn Twp: 22 N or S Range: 33 E or W W.M.
Sec: 32 1/4 of the _____ 1/4 Tax Lot: 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address): 40637 Hwy 20E, Burns

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>6-1-15</u>			<u>20</u>
Completed Well	<u>6-1-15</u>			<u>20</u>

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>40</u>	<u>60</u>	<u>100</u>			<u>35</u>
	<u>100</u>	<u>160</u>	<u>500</u>			<u>20</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Soil	0	5
Brown CLAY	5	35
GRAVEL LAYER	35	60
Grey CLAY	60	105
SAND COARSE		
White	105	160
Grey CLAY	160	280

RECEIVED
OCT 03 2019
OWRD

Date Started 4-1-15 Completed 4-30-15

(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: Consultant Date: 12/23/19
4-30-15

Signed: Paul Wiser Restick
Contact Info. (optional)