

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 52834

HARN 52834

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # ~~XXXXXXXXXX~~
START CARD # ~~21018~~ 209651
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. 4
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 _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(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 _____ ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
14	0	200	Bentmat	0	100		
14	200	450					

How was seal placed: Method A B C D E
 Other Poured - Pack
Backfill placed from _____ ft. to _____ ft. Material _____
Filter 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	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
14			K	1	220	250	X			X

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

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

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/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 500+ Drawdown 0 Drill stem/Pump depth 450 Duration (hr) _____
Temperature _____ °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 169 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 21 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				
Completed Well	<u>3-10-16</u>			

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-10-16</u>						<u>30</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>5014</u>	<u>0</u>	<u>10</u>
<u>Grey CLAY</u>	<u>10</u>	<u>220</u>
<u>GRYCL BREAK</u>		
<u>CLAY w/oxide</u>	<u>220</u>	<u>450</u>

RECEIVED

OCT 03 2019

OWRD

Date Started 3-10-16 Completed 3-10-16

(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 Consul-AT Date 3-20-16
Signed Paul W...
Contact Info. (optional) _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

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JUL 02 2020

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Andy Root
Mailing Address: 524 Hwy 20 N
City, State, Zip: Hines, OR 97738
Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 22 (North / South) Range: 33 (East / West) Section: 21 NW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 900 County Harney
GPS Coordinates: 43.39.05.3N 118.30.53.4W
Street Address of Well, City: 40637 Hwy 20 E Burns, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
Date Well Constructed (or property built): 3/10/16 Total Well Depth: Casing Diameter: 14
Owner at time the well was constructed (if known): Bo Thorenfeldt Well Report # (if known): HARN 52834
Other Information: Startcard: 209651

SUBMITTED BY (please print): Denise Montgomery @ All Points Engineering POB 767 Terrebonne
PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

* Well ID assigned via Landowner Permit: L-111210 lost! *

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-2-2020

Well Report Number:

HARN 52834

Well Identification #:

L-139205