

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

HARN 52851

11/5/2019

WELL I.D. LABEL# L

62878

START CARD #

1043194

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company USA
Address 28910 HIGHWAY 20 WEST
City HINES State OR Zip 97738

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 525.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	
10	0	18	Bentonite Chips	0	18	12	S
6	18	525			Calculated	8.22	
					Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POURED AND TAMPED

Backfill 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 ☒ 1.4 330 .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)
8		495	2

Temperature 59 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 71 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 38.00 S N/S Range 32.00 E E/W WM

Sec 15 SE 1/4 of the NW 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 42.27759000 DMS or DD

Long _____ " or -118.94590000 DMS or DD

☐ Street address of well ☒ Nearest address

SOUTH CATLOW VALLEY

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	10/30/2019			383
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 482.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/30/2019	482	497	8			383

(11) WELL LOG

Ground Elevation 4724.00

Material	From	To
tan claystone	0	25
black cinder up to cobble and boulder	25	40
black basalt, occasionally brkn/brwn cla	40	112
brown clay	112	146
brown clay/ black cinder	146	154
blk cinder/pumice/ brown claystone	154	213
pumice/blk cinder	213	218
brown clay	218	237
coarse brown sand	237	254
fine brown sand	254	272
brown sandstone	272	322
black basalt	322	388
red and black cinder/brown clay	388	407
black basalt	407	427
fractured black and brown basalt	427	435
very hard black basalt	435	459
black and red basalt	459	482
fractured black and red basalt/pumice	482	497
black basalt	497	525

Date Started 7/8/2019

Completed 10/30/2019

(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 11/5/2019

Signed JOHN OETTER (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: