

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

HARN 52852

WELL I.D. LABEL# L

102536

START CARD #

1045562

11/8/2019

ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name CHARLES Last Name EGGERT
Company
Address 9955 SW POTANO ST.
City TUALITAN State OR Zip 97062

(2) TYPE OF WORK
New Well [] Deepening [x] Conversion []
Alteration (complete 2a & 10) [] Abandonment(complete 5a) []

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrld
14 [x] 1 60 .250 [x] [] [] []
Material From To Amt sacks/lbs
Seal: Bentonite 0 18 90 Sacks

(3) DRILL METHOD
Rotary Air [x] Rotary Mud [] Cable [] Auger [] Cable Mud []
Reverse Rotary [] Other []

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 235.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows include Bentonite and Calculated entries.

How was seal placed: Method [] A [] B [] C [] D [] E []
[X] Other POURED DRY

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 Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
14 [x] 1 60 .250 [x] [] [] []
Shoe [] Inside [] Outside [] Other [] Location of shoe(s) _____
Temp casing [] Yes Dia From + [] To

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Screen Liner 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 [x] Flowing Artesian []
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1000 [] [] 200 [] 2 []

Temperature 60 °F Lab analysis [] Yes By _____
Water quality concerns? [] Yes (describe below) TDS amount 250 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 26.00 S N/S Range 30.00 E E/W WM
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street address of well [x] Nearest address []
29062 WEAVER SPRINGS RD BURNS OR 97720

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 10/28/2019 [] 198
Completed Well 11/8/2019 [] 198
Flowing Artesian? [] Dry Hole? []

Table: WATER BEARING ZONES. Columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row: 11/8/2019, 198, 235, 1000, [], 198.

(11) WELL LOG
Ground Elevation _____
Material From To
original 0 167
broken basalt and cinders 167 235

Date Started 10/28/2019 Completed 11/8/2019

(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 1739 Date 11/8/2019
Signed CHARLES FRY (E-filed)

(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 1355 Date 11/8/2019
Signed ARTHUR FRY (E-filed)
Contact Info (optional) _____