

STATE OF OREGON

HARN 52907

WELL I.D. LABEL# L

135668

WATER SUPPLY WELL REPORT

START CARD #

1047474

(as required by ORS 537.765 & OAR 690-205-0210)

9/11/2020

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name KEVIN

Last Name THOMAS

Company _____

Address 37215 DEADEND LN.

City BURNS

State OR

Zip 97720

(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 Thrld

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 785.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
22	0	246	Cement w/5% Bentonite	0	27	19	S
16	246	600	Calculated			18	
12	600	785	Bentonite	27	210	283	S
			Calculated			283	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

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

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

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory

Screens Type		Material					
Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots
Perf	Liner	12	300	600	.05	6	1600

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
2000		120	2

Temperature 102 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 651 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM

Sec 5 NE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

37215 DEADEND LN., BURNS, OR 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/9/2020			53
Flowing Artesian?		☐	Dry Hole?	
		☐		

WATER BEARING ZONES

Depth water was first found 40.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/9/2020	40	85	10			40
7/9/2020	212	785	12			53

(11) WELL LOG

Ground Elevation _____

Material	From	To
top soil	0	4
grey clay	4	35
brown sand	35	85
grey clay	85	212
grey clay with sand layers	212	238
grey clay	238	327
grey clay and pumice	327	345
grey pumice and grey ash	345	610
grey pumice and red ash	610	700
rhyolite and grey ash	700	725
broken rhyolite	725	750
broken basalt	750	785

Date Started 7/9/2020

Completed 7/29/2020

(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 7/9/2020

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 9/11/2020

Signed ARTHUR FRY (E-filed)

Contact Info (optional) _____

