

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

RECEIVED

WELL I.D. LABEL# L 132026
START CARD # 217733
ORIGINAL LOG #

(1) LAND OWNER Owner Well I.D. NOV 23 2020
First Name Don Last Name Wells
Company
Address 7023 CRANE BUCHANAN RD
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 Thrd
14" H 1 135 .250 (X) (X) (X)
Material From To Amt sacks/lbs
Seal: NO 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 _____ ft.

BORE HOLE SEAL
Dia From To Material From To Amt sacks/lbs
Bentonite 0 18 14 SKS
Calculated 10 SKS
Calculated

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ 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 Pounds Actual Amount Pounds

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☒ Yes Dia 18" From 1 To 19

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/
cree Liner Dia From To width length slots 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)

Temperature _____ °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County Harney Twp 23 S Range 33 E W WM
Sec 2 1/4 of the _____ 1/4 Tax Lot _____
Tax Map Number _____ Lot _____
Lat _____ " or 43.6015 DMS or DD
Long _____ " or 118.626543 DMS or DD
☐ Street address of well ☒ Nearest address

7023 CRANE BUCHANAN RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 10-16-20 15 FT
Completed Well 11-9-20 15 FT
Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation _____
Material From To
SEAL
REPAIR

Date Started 10-16-20 Completed 11-9-20

(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 1882 Date 11-15-20
Signed B D Wells
Contact Info (optional) _____