

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 53072

WELL I.D. LABEL# L

144267

START CARD #

1055171

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

1/20/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name JAY & KARALast Name NELSON

Company _____

Address 43277 CRANE VENATOR RDCity BURNSState ORZip 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
 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 159.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	25	Bentonite Chips	0	25	21	S
6	25	159			Calculated	11.41	
					Calculated		

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

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	Thrd
☒	☐	6	☒	2	117	.250	☐	☐	☒	
☐	☒	4.5	☐	37	157	.020	☐	☒	☐	☒
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From + _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method factory cut

Screens Type _____ Material _____

Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen
Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/	Screen	Liner	Dia
					width	length	slots	pipe size			
		4.5	97	157	.002	2	6000				

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		150	1

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 200 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WMSec 7 SE 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or 43.41560000 DMS or DD

Long _____ " or -118.57345000 DMS or DD

☒ Street address of well ☐ Nearest address43277 CRANE VENATOR RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>12/22/2023</u>			<u>73</u>

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**Depth water was first found 73.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12/22/2022	73	159	20			73

(11) WELL LOG

Ground Elevation _____

Material	From	To
Silty Loom Topsoil	0	2
Clay Tan	2	12
Sand Course	12	17
Clay Tan	17	45
Clay Hard Brown	45	65
Course Sand w/gravel	65	115
Brown Sandstone	115	135
Gray standstone	135	159

Date Started 12/19/2022Completed 12/22/2022**(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 1424 Date 1/20/2023Signed TIMOTHY RILEY (E-filed)Contact Info (optional) Timothy Riley

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

HARN 53072

1/20/2023

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 43.41560000 Datum: WGS84

Longitude: -118.57345000

Township/Range/Section/Quarter-Quarter Section:
WM25.00S34.00E7SENE

Address of Well:
43277 CRANE VENATOR RD

Well Label: 144267

Printed: January 20, 2023

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

