

HARN 51431

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 81447
 START CARD # 183507

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Carey CLOW Well Number _____
 Name Carey CLOW
 Address 32497 A. REPORT Rd
 City BURNS State OR Zip 97720

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 90 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
10	0	20	BENTONITE	0	20	15
8	20	90				

How was seal placed: Method A B C D E
 Other POURED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
8"	0	79	220	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS Method FACTORY

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
59	79	1/4	160			<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 200 Drawdown 20 Drill stem at _____ Time _____

Temperature of water 56° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County HARNEY
 Tax Lot 900 Lot _____
 Township 23S N or S Range 31E E or W WM
 Section 11C SW 1/4 SW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL
20 ft. below land surface. Date 7-13-07
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	90	200	20

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
BROWN CLAY	0	20	20
COARSE GRAVEL	20	90	WB
SAND			

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WATER RESOURCES DEPT SALEM OREGON WATER RESOURCES DEPT SALEM OREGON

Date Started 7-13-07 Completed 7-15-07

(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.

WWC 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.

WWC Number 1557 Date 7-16-07

Signed [Signature]

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SEP 22 1959

OBSERVATION WELL

23/31-110(2)
State Well No. 6297
State Permit No. 6297

File Original and First Copy with the STATE ENGINEER, SALEM, OREGON

WATER WELL REPORT
STATE ENGINEER STATE OF OREGON
SALEM, OREGON

(1) OWNER:
Name Elmon Sewell
Address Riley & Sewell
Box 542, Burns, Oregon

(2) LOCATION OF WELL:
County Harny Owner's number, if any—
1/4 Section T. R. W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

PROPOSED USE (check):
Domestic Industrial Municipal Rotary Cable Dug
Irrigation Test Well Other Driven Jetted Bored

(6) CASING INSTALLED:
12" Diam. from 0 ft. to 220 ft. Gage 1/2" wall
" Diam. from ft. to ft. Gage 4
" Diam. from ft. to ft. Gage

(7) PERFORATIONS:
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(8) SCREENS:
Well screen installed Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Slot size Set from ft. to ft.

(9) CONSTRUCTION:
Was well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.
Was a surface seal provided? Yes No To what depth? ft.
Material used in seal—
Did any strata contain unusable water? Yes No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level ft. below land surface Date
Artesian pressure lbs. per square inch Date
Log Accepted by Elmon Sewell
[Signed] Elmon Sewell Date 1959
(Owner)

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " "
" " " " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes No

(12) WELL LOG:
Diameter of well 12 inches.
Depth drilled 561 ft. Depth of completed well 561 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top soil & hard pan	0	29
Grey sand	29	34
Blue clay	34	51
Mixed gravel (fine, coarse)	51	59
Brown clay & sand	59	98
Course of sand	98	99
Boulders & black sand	99	110
Blue clay & sand mixed	110	310
Brown clay & shale	310	340
Hard sand	340	373
Dark grey granite boulders	373	410
Blue clay & shale	410	440
Grey sand & boulders	440	460
Hard sand	460	464
Brown clay	464	513
Yellow clay & boulders	513	527
Blue clay	527	561

Drilled 5 feet from Q/U
Work started June 1 1959 Completed Aug 8 1959

(13) PUMP:
Manufacturer's Name
Type: H.P.

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Rosberg & Sons
(Person, firm, or corporation) (Type or print)
Address P.O. Box 443 Burns, Ore
Driller's well number
Signed John W. Rosberg
(Well Driller)
License No. 272 Date Sept 9, 1959

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