

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

HARN 1867

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APR 10 1991

JAN 28 1991
(START CARD) #

255/33E/36
W-29617

(1) OWNER:

Name Tom HACKETT
Address PO. Box 817
City CRANE State ORE Zip 97732

Well Number: 29617 LOCATION OF WELL by legal description:

County CLATSOP Latitude _____ Longitude _____
Township 25 S N or S. Range 33 E E or W. WM.
Section 36 NE $\frac{1}{4}$ SE $\frac{1}{4}$
Tax Lot NE Lot SE Block _____ Subdivision _____
Street Address of Well (or nearest address) HIWAY 78

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 175' ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
<u>16"</u>	<u>0 20</u>	<u>BENTONITE</u>	<u>0 20</u>	<u>21 SACKS</u>	
7 1/2"	0 135	_____	0 135		
<u>12"</u>	<u>20 175</u>	<u>HOPE</u>	<u>20 175</u>		

How was seal placed: Method A B C D E

Other _____

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
Casing: <u>12"</u>	<u>0</u>	<u>135</u>	<u>1 1/4"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 135'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>800</u>	<u>70'</u>	<u>80'</u>	<u>1 hr.</u>

Temperature of water 57 degrees 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: _____

(10) STATIC WATER LEVEL:

30' ft. below land surface. Date 03/17/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
<u>24'</u>	<u>25'</u>	<u>10 Gallons</u>	<u>20'</u>
<u>80'</u>	<u>81'</u>	<u>50 " "</u>	<u>20'</u>
<u>170</u>	<u>175'</u>	<u>800 " "</u>	<u>30'</u>

(12) WELL LOG:

Material	From	To	SWL
<u>HARD PAN</u>	<u>0</u>	<u>20</u>	<u>-</u>
<u>BLUE CLAY</u>	<u>20</u>	<u>24</u>	<u>-</u>
<u>BROWN SAND WATER</u>	<u>24</u>	<u>25</u>	<u>20'</u>
<u>GREY CLAY</u>	<u>25</u>	<u>80</u>	<u>20'</u>
<u>BLACK SAND WATER SNAILS</u>	<u>80</u>	<u>81'</u>	<u>20'</u>
<u>BLUE CLAY</u>	<u>81'</u>	<u>105'</u>	<u>20'</u>
<u>SAND STONE</u>	<u>105'</u>	<u>135'</u>	<u>20'</u>
<u>CORAL ROCK</u>	<u>135'</u>	<u>170</u>	<u>-</u>
<u>GRAVEL WATER</u>	<u>170</u>	<u>175</u>	<u>30</u>

Date started 03/14/91 Completed 03/17/91

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 29617
Signed Sony Hackett Date 03/17/91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for
Well ID Number

Do not complete if the well already has a Well Identification Number.

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APR 06 2022

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Justin & Stephanie Bowen

Mailing Address: 55288 Hwy 78

City, State, Zip: Burns, OR 97720

Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)

Name & Address:

City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25S (North / South) Range: 33E (East / West) Section: 36 SW 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 9700 County Harney

GPS Coordinates: 43° 21' 06.11 N 118° 35' 44.78 W

Street Address of Well, City: Hwy 78, Crane, OR

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 3/17/91 Total Well Depth: 175' Casing Diameter: 12"

Owner at time the well was constructed (if known): Tony Hackett Well Report # (if known): HARN 1867

Other Information:

SUBMITTED BY (please print): Denise Montgomery, All Points Engr & Surveying, Inc

PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301. Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 4-6-22

Well Report Number: HARN 1867

Well Identification #: L-146829