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WATER RESOURCES DEPARTMENT / WATER RESOURCES DEPT. / (9) LOCATION OF WELL
SALEM, OREGON / SALEM, OREGON

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

WATER RESOURCES DEPARTMENT (START CARD) # 25020
County Harney Latitude _____
Township 24S Nor S. Range 29E or W. W.M. _____
Section 12 SW 1/4 NW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20 West

(1) OWNER:
Name Jack Bauer
Address 979 N Court
City Burns State Or Zip 97720
Well Number: _____

(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
Yes No
Depth of Completed Well 550 ft.
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	+1	P				
10"	361	550				

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: 12"	+1	100'		<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 sheets: _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tels/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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 500 gpm Drawdown 163 Drill stem at 202 Time 4 hr.

Temperature of water 61° Depth Artesian Flow Found _____
Was a water analysis done? No 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:
37 ft. below land surface. Date 4/3/91
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Rock Red (hard)	361	391	37
Pumice grey	391	530	37
Pumice, sand, greenish	530	550	37

Date started 3/18/91 Completed 4/3/91

(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 426
Signed [Signature] Date 4-8-91