

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

Harn 1912

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DEC 23 1991

22S/32 1/2 E/33W
26876

(START CARD) # *26876*

(1) OWNER:
 Name *ANDY Root*
 Address *P.O. Box 946*
 City *Burns* State *Oregon* Zip *97720*
 Well Number: *2WATE*

(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 *380'*
 Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	<i>20' 0' 30'</i>	<i>Cement</i>	<i>0 30'</i>	<i>20</i>
	<i>12' 30' 380'</i>			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<i>1 1/8"</i>	<i>160'</i>	<i>2.50</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) *158 1/2'*

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		<i>NONE</i>				<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
<i>2000</i>	<i>100'</i>		<i>36 hr.</i>

Temperature of water *55* 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 by legal description:
 County *Harney* Latitude _____ Longitude _____
 Township *22S* or S, Range *32 1/2 E* E or W, WM.
 Section *33* NW 1/4 NW 1/4
 Tax Lot *22-32 1/2 2200* Block _____ Subdivision _____
 Street Address of Well (or nearest address) *Hwy 20*
He Cow CK Road

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date *3-10-91*
 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
<i>20</i>	<i>30</i>	<i>10</i>	<i>20</i>
<i>190</i>	<i>193</i>	<i>20</i>	<i>20</i>
<i>340</i>	<i>350</i>	<i>2000</i>	<i>20</i>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<i>Top soil (sandy)</i>	<i>0</i>	<i>5</i>	
<i>Clay (Gray)</i>	<i>5</i>	<i>60</i>	<i>20</i>
<i>Clay (Green)</i>	<i>60</i>	<i>190</i>	<i>20</i>
<i>Clay (Black)</i>	<i>190</i>	<i>250</i>	
<i>Clay (Green)</i>	<i>250</i>	<i>340</i>	
<i>Gravel</i>	<i>340</i>	<i>350</i>	<i>20</i>
<i>Course sand</i>	<i>350</i>	<i>360</i>	
<i>Rock solid</i>	<i>360</i>	<i>380</i>	<i>20</i>

This well was started by Larry Root then finished the well because Larry Root died
Joe Valentine
1435

Date started *3-10-91* Completed *11-14-91*

(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 *1435*
 Signed *Joe Valentine* Date *11-14-91*

For Official Use Only:

Received Date:

County Well Log ID #

Well Identification Tag #

HARN 1912

35536

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

JUL 01 1999

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Andy Root

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 493-3645

WELL LOCATION:

County: Harney Owner's Well Number: #2

Township: 22 N or S, Range: 32 1/2 E or W, Section: 33 NE 1/4 NW 1/4

Tax Lot Number: 2200 Type of Well: water supply IRR monitoring

Street Address of Well (if different from above):

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

Well Depth (in feet): Static Water Level (in feet):

Diameter of Exposed Well Casing (in inches):

Does this well have a formal water right associated with it? Yes: yes No:

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #:

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310