

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

HARN
1932

MAY 18 1992

(START CARD) # 32957

(1) OWNER:

Name DELMER McLEAN Well Number _____
Address LAVA BEL ROAD BOX 18
City DIAMOND State ORE Zip 97722

(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 115 ft.
Explosives used ☒ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	20	CEMENT	0	18	12
12"	20	115	sg			

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	20	.250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
380	45	102'	1 hr.

Temperature of Water 60° 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: _____

(9) LOCATION OF WELL by legal description:

County HARNEY Latitude _____ Longitude _____
Township 28 N or S. Range 33 E or W. WM. _____
Section 31 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

55 ft. below land surface. Date 4/30/92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 57

From	To	Estimated Flow Rate	SWL
57	118	400	55

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil (SANDY LOAM)	0	3 1/2	
LAVA ROCK	3 1/2	6	
CLAY / GRAVEL	6	25	
SAND med	25	31	
ROCK BROKEN, CLAY	31	38	
LIME GRAY	38	43	
SANDSTONE	43	48	
SANDSTONE, ROCK	48	54	
ROCK	54	57	
SAND med & B	57	103	55
GRANITE (GREEN)	103	110	55
GRANITE GRAY, SAND FINE	110	118	55
(CAVITY)			

Date started 8-18-91 Completed 4/30/92

(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.

Signed _____ WWC Number _____
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.

Signed Delmer McLean WWC Number _____
Date 5/10/92