

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

Handwritten: Harney 1979

HARNEY 1979
FEB - 8 1993

Handwritten: 233/31E/6cb

(START CARD) # 49103

(1) OWNER: Well Number _____ **SALEM, OREGON**
 Name Barbara Eggleston
 Address P.O. Box 595
 City Burns State OR Zip 97720

(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 218 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16"	0 18	Cement	0 18	20 sacks	
12"	18 218				

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	170	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 170'

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tete/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 Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750	128'	162'	6 hr.

Temperature of Water 52° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 23S N or S. Range 31E E or W. WM. _____
 Section 6 NW SW
 Tax Lot 1600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Stancliff Rd.

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 2-3-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	120'	300	15
162'	215'	800	30

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil, clay loom	0	1	
clay brn	1	15	
clay blue	15	30	
gravel / clay	30	60	15
gravel med large	60	80	
gravel med / clay	80	90	
gravel med large	90	115	
gravel / clay	115	120	15
silt black / gravel fine	120	158	
clay grey / sand fine	158	162	
gravel med	162	180	30
pumice, yellow	180	202	
cinder, red	202	215	
rock basalt brn	215	218	30

Date started 1-13-93 Completed 2-3-93

(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 1424
 Signed Timothy K. Peltz Date 2-4-93

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____ County Well Log ID # HARN 1979 Well Identification Tag # L95139

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

RECEIVED

Name: BARBARA EGGLESTON FEB 02 2011

Mailing Address: P.O. Box 595 WATER RESOURCES DEPT
SALEM, OREGON

City: BURNS State: OREGON Zip: 97720

Return Well Tag to (if different than mailing address): N/A

WELL LOCATION INFORMATION

County: HARVEY Township: 23 S North or South (circle one) Range: 31 E East or West (circle one)

Section: 6 NW 1/4 SE 1/4 Tax Lot #: 1600

Street Address of Well (if different than mailing address): Lat N 43.60684 Long - 119.05384 EPA 13.8

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: _____

Well tagged by East Region well inspector Bob Maynard
Return to: Oregon Water Resources Department, ~~James Hamley~~, 725 Summer St. NE, Suite A, Salem,
OR 97301-1271, (503) 986-0854 or fax to 503-986-0902