

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

HARN
 1980

RECEIVED
 FEB - 5 1993

24S/32E/11db

WATER RESOURCES DEPT. (START CARD) # N/A SEE DATES

(1) OWNER: Well Number _____
 Name WARREN MATHEWS
 Address ST RT 2 134 LANE 15
 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 220 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From	To	Material	
24	0	220	CONCRETE	0 20

How was seal placed: Method A B C D E
 Other FROM TOP OF GRAVEL PACK VIA TREMIE

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 20 ft. to 220 ft. Size of gravel #8 MONTEREY

(6) CASING/LINER:

Diameter	From	To	Gauge	Seal			
				Steel	Plastic	Welded	Threaded
Casing: 12"	0	86	1.250	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type JOHNSON Material STAINLESS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
86	206				12"	<input checked="" 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
			1 hr.
<u>TO BE TESTED LATER</u>			

Temperature of Water 60° 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 24S or S. Range 32E E or WM.
 Section 11 NW $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date JULY 20, 1981
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
40	22	UNKNOWN	23

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOPSOIL	0	3	
CLAY, YELLOW (HARDPAN)	3	4	
SAND, MED BROWN / CLAY BRWN	4	20	
CLAY, GRAY	20	34	
GRAVEL, MEDIUM, MULTI COLORED	34	35	
CLAY, GRAY	35	39	
CLAY, YELLOW	39	40	
SAND, COARSE BROWN	40	60	23
SAND, COARSE RED	60	70	
SAND, COARSE BLACK	70	77	
PUMICE, WHITE; COARSE SAND	77	80	
SAND, COARSE BLACK; PUMICE	80	88	
PUMICE, GRAY	88	95	
SANDSTONE, BROWN	95	100	
SAND, COARSE BROWN	100	168	
SANDSTONE	168	172	
CLAY, YELLOW	172	188	
SAND, COARSE BROWN	188	220	

Date started JULY 10, 1981 Completed JULY 20, 1981

(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 773
 Signed John V. Otter Date _____