

AUG 26 1994

(START CARD) # 60647

238/32E/2ac

Harn
2044

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name Delores McClarin
Address 85 W Washington
City Burns State OR Zip 97720

Well Number _____

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 240 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
24	0	18	bentonite	0	18	24 sacks
20	18	240				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured & tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 240 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 20	+1	20	.250	☒	☐	☐	☐
Liner: 12	+1	240	.5	☒	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method factor cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	240	.085	28800	12		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
100	6		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 23 S N or S Range 32 E E or W WM.
Section 2 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 73 Box 14234 Hwy 20

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 8-16-94
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	240	800	30

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
clay loam topsoil	0	1	
clay grey	1	4	
clay brn	4	16	
clay grey	16	27	
clay sand grey	27	32	
clay brn	32	40	
clay brn/sand coarse	40	55	30
sand med brn	55	63	30
clay green	63	80	30
sand, fine, blk	80	87	30
sand fine clay grey	87	112	30
sand fine brn	112	135	30
gravel, med sand fine	135	160	30
gravel, sand, clay	160	175	30
sandstone, gravel	175	190	30
gravel, clay	190	196	30
claystone, gravel, sand	196	235	30
clay brn	235	240	30

Date started 8-4-94 Completed 8-15-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1424

Signed Timothy K. Rife Date 8-16-94