

10
STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

HARN
2054

33S/32 3/4 E/4
(START CARD) # 63147 ac

(1) OWNER: Well Number # 2
Name BLM - BURNS DISTRICT
Address HC 74 - 12533 HWY 20 WEST
City HINES State OR Zip 97738

(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 CAMPGROUND SUPPLY

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 180 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	20	BENTONITE	0	20	20 SACKS
8"	20	180				

How was seal placed: Method A B C D E
 Other DRY GRANULAR BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	SEAL			
				Steel	Plastic	Welded	Threaded
Casing: 8	0	180	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 SAWN SLOT
 Screens Type _____ Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	180	1/8X3	320	8"	PIPE	<input checked="" 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
3.5 GPM	22 FT		3 HRS.

Temperature of Water 59° 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 33S N or S. Range 323/4E E or W. WM. _____
Section 4 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SOUTH STEENS - HORSE CAMP

(10) STATIC WATER LEVEL:
138 ft. below land surface. Date 9/16/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 155 FT

From	To	Estimated Flow Rate	SWL
155	180	10 GPM	140

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
BLACK ROCK	0	8	0
RED CLAY/BROWN ROCK	8	16	0
BLACK ROCK	16	56	0
RED CLAY	56	59	0
RED ROCK	59	158	0
BLACK ROCK/PINK CLAY	158	180	138

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NOV 18 1994

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9/09/94 Completed 9/20/94

(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 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 John V. Oetta WWC Number 773 Date 10/18/94



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

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JUN 12 2023

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Bureau of Land Management
 Mailing Address: 28910 US 20
 City, State, Zip: Hines, OR 97738
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: - no packet necessary - well ID attached on-site
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 34 S (North / South) Range: 32.75 E (East / West) Section: 4 SE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 200 County Harney
 GPS Coordinates: 42.655150, -118.728444
 Street Address of Well, City: Steens Mountain Back Country Byway (1000 ft E of 3-way jct)
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Public campground
 Date Well Constructed (or property built): 9-20-94 Total Well Depth: 180' Casing Diameter: 8"
 Owner at time the well was constructed (if known): BLM Well Report # (if known): HARN 2054
 Other Information: Steens Equestrian Camp Ground Well

SUBMITTED BY (please print): Jon Sanfilippo, East Region Well Inspector
PHONE: 971-599-9762 **EMAIL &/or FAX:** jon.d.sanfilippo@oregon.gov

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
6-12-2023

Well Report Number:
HARN 2054

Well Identification #:
L-13727