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WATER RESOURCES DEPT.
SALEM, OREGON

24S/33E/14dd

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

(START CARD) # W-63737

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

(1) OWNER: Well Number

Name Walter McEwen

Address Box 905

City Burns State Ore Zip 97720

(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 492 ft.

Explosives used ☐ Yes ☑ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
20	0	230	PTD Con	0	230	3 YARDS
16	230	492				

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

☐ Other TREMIE

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:	16	+2	230	.25	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 230

(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
1300	130'		12 ~~1~~ hr.

Temperature of water 57 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 N or S Range 33E E or W. WM.

Section 14 SE 1/4 NW 1/4

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 1-6-95

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL
300	481	1000 +	28

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(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Sandy soil	0	3	
tan clay	3	35	
Black clay + silt	35	117	
Black sand	117	150	
sandstone	150	158	
soft gray clay	158	212	
gray sand	212	221	
gray sandstone	221	231	
green claystone	231	257	
gray sandstone	257	292	
Broken claystone	292	300	
sandstone gray	300	351	
	~~400~~		
Green claystone + gravel	351	400	
Gray sandstone	400	416	
Green claystone	416	433	
Broken Broken Rock	433	455	
Green claystone	455	472	
Gray sandstone	472	481	
Green claystone	481	492	

Date started 12-13-94 Completed 1-6-95

(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 1532

Signed PERRY STORHAUD Date 1-6-95

(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 544

Signed Larry Burd Date 1-6-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER