

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

RECEIVED
HARN 2072
MAY - 5 1995

25S/34E/31

WATER RESOURCES DEPT. (START CARD) # 66010

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

(1) OWNER: Well Number 44
Name Tony D. Hackett
Address 2951 W. HIGAN ST.
City MERIDIAN State Id. Zip 83642

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	60	Bentonite	0	60'	37 SACKS
10"	60	300				

How was seal placed: Method A B C D E
 Other *Shypping Bentonite Poured From Top
Backfill placed from 0 ft. to 60 ft. Material Bentonite
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	10"	+1	123	.870	<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 NONE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
600	200'	200'	1 hr.

Temperature of water 68 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: 45

(9) LOCATION OF WELL by legal description:
County HARNEY Latitude _____ Longitude _____
Township 25 N of S Range 34 E or W. WM.
Section 31 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1478 N. MEKER 33 1/2 MI. W. ON PRIVATE ROAD

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
45'	46'	40 GPM	45'
260'	265'	600 GPM	34'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	-
Boulders + Sand BROWN	3	30	-
BROWN CLAY	30	45	-
BLACK SAND w	45	46	45'
BROWN CLAY	46	90	-
SOAP STONE Blue	90	95	-
Blue CLAY	95	260	-
BLACK SAND	260	270	34'
Blue CLAY	270	300	-

Date started 3/17/95 Completed 3/20/95

(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 _____
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 _____
Signed Tony Hackett Date 3/22/95



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

RECEIVED

APR 06 2022

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Justin & Stephanie Bowen

Mailing Address: 55288 Hwy 78

City, State, Zip: Burns. OR 97720

Mail Well ID to: [X] SAME AS ABOVE [] In Care Of (C/O)

Name & Address:

City, State, Zip:

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

Township: 25S (North / South) Range: 34E (East / West) Section: 31 NW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 2500 County Harney

GPS Coordinates: 43° 21.15.87 N -118° 35.17.88 W

Street Address of Well, City: Hwy 78, Crane, OR

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): Irrigation

Date Well Constructed (or property built): 3/20/95 Total Well Depth: 300' Casing Diameter: 10"

Owner at time the well was constructed (if known): Tony Hackett Well Report # (if known): HARN 2072

Other Information:

SUBMITTED BY (please print): Denise Montgomery, All Points Engr & Surveying, Inc

PHONE: 541-548-5833 EMAIL &/or FAX: neecee@apeands.com

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:

4-6-22

Well Report Number:

HARN 2072

Well Identification #:

L-146831