

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

Corrected Copy of original Well Report
HARN 2093
Dated 2 Jan 1990
19S/29E/32CC
14874
(START CARD) #

(1) OWNER: Well Number _____
Name USA Malheur National Forest
Address 139 NE Dayton Street
City John Day State Oregon Zip 97845

(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 90' ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Amount
10" 0 20 Cement 0 20 6.55
7 7/8" 20 90 _____ _____ _____

How was seal placed: Method A B C D E
 Other _____
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: <u>6"</u>	<u>1 1/2</u>	<u>78 1/2</u>	<u>.250</u>	<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 Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>68'</u>	<u>78</u>	<u>1/8</u>	<u>30</u>			<input type="checkbox"/>	<input type="checkbox"/>
						<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 1.5 Drawdown _____ Drill stem at 85 Time 1 hr.

Temperature of water 48° 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 19 S N or S, Range 29 E E or W, WM.
Section 32 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
33 ft. below land surface. Date 20 Dec
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>76'</u>	<u>90'</u>	<u>1.5 GPM</u>	<u>33</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>yellow clay</u>	<u>0</u>	<u>35</u>	
<u>yellow clay/sand</u>	<u>35</u>	<u>45</u>	<u>33</u>
<u>sandstone - soft</u>	<u>45</u>	<u>90</u>	

Date started 11 Dec Completed 20 Dec

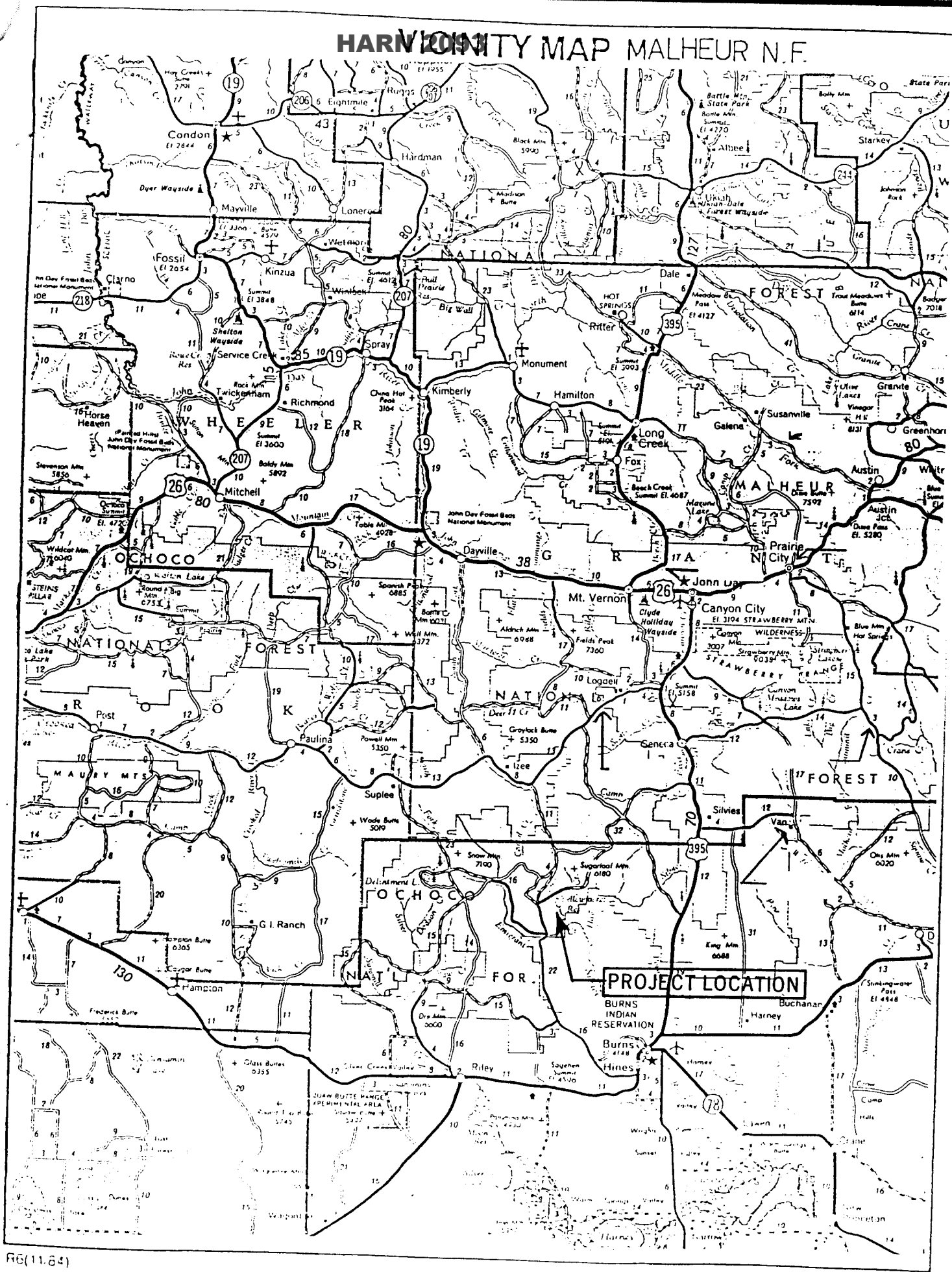
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed [Signature] WWC Number 582
Date 2 Jan 1990

(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 [Signature] WWC Number 582
Date 2 Jan 1990

HARV COUNTY MAP MALHEUR N.F.

DECEMBER 1969

WATER RESOURCES DEPT.
SALEM, OREGON



PROJECT LOCATION

RG(11.64)

PROJECT LOCATION VICINITY MAP

