

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

RECEIVED
 HARN 24

Harney 241

235/26E-7ad

NOV 1987

(1) OWNER:

Name Andy Root

Well Number: _____

WATER RESOURCES DEPT

Address SALEM, OREGON

City Riley, State Ore. Zip _____

(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 livestock

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 30 ft.

Yes No

Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	cement	0	18	8 sacks
8"	18	30				

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:	8"	+1	25	.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) 25

(7) PERFORATIONS/SCREENS: NO

Perforations Method _____

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
15	0	25	1 hr.

Temperature of water 52 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 23 S N or S, Range 26 E E or W, WM.

Section 7 SE $\frac{1}{4}$ NE $\frac{1}{4}$

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 10 miles NE of Riley near Cowan ranch.

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 10-9-87

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	30	15 gpm	7

(12) WELL LOG:

Ground elevation 4275

Material	From	To	SWL
Soil	0	2	0
Gravel	2	18	0
Clay, brn	18	25	0
Gravel, water-bearing	25	30	7

Date started 10-9-87 Completed 10-9-87

(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 Harold Woodruff WWC Number 1254
 Date 10-9-87

HARN 241

For Official Use Only:

Received Date: _____

County Well Log ID #

HARN 241

Well Identification Tag #

35538

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

JUL 01 1999
WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Andy Root

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 493-3645

WELL LOCATION:

County: Harney Owner's Well Number: #5

Township: 22 N or S, Range: 32 1/2 E or W, Section: 34 SE 1/4 NE 1/4

Tax Lot Number: 2400 Type of Well: water supply 1RR monitoring _____

Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: yes No: _____

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #: _____

Please Return Completed Form to: **Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310**