

RECEIVED

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

Harney 50011

FEB 08 1996

WATER RESOURCES DEPT.

(START CARD) # 83792

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

SALEM, OREGON

(1) OWNER: Well Number _____

Name Kenny Bentz
Address HC 73 Box 714
City Burns State OR 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 75 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
22	0	18	bentonite	0	18	30 sacks
18	18	75				

How was seal placed: Method A B C D E

Other poured dry and tamped

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: 18	+ .5	18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	.5	33	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method saw cut

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
55	75	30		10		<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	73	1/8x3	1280	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
150	45	65	4 hr.

Temperature of water 60 Depth Artesian Flow Found _____

Was a water analysis done? No 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 23S N or S Range 34E E or W. WM.
Section 31 SE 1/4 SW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 1-31-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
35	75	150	20

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	1	
clay/sand, fine brn	1	22	
sand, fine/clay	22	25	
clay, brn	25	35	20
sand/gravel	35	43	20
gravel/sand	43	62	20
sand/gravel	62	70	20
gravel sand	70	75	20

Date started _____ Completed _____

(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 1424

Signed Anthony K. Riley Date 2-3-96