

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

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

JUL 18 1996

(START CARD) # 83806

23S/32E/03AC

(1) OWNER:

Well Number L03156

Name Bill Gadbury
Address Hc 141 84 Hwy 20
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 225 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14	0	18	bentonite	0	18	14 sacks
10	18	225				

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 10	+1	96	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s)

(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
500	50	90	6hr

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: _____

SALEM, OREGON
(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 23S N or S Range 32 E E or W. WM.
Section 3 SW 1/4 NE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC14184 Hwy 20

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 7-11-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	92	500	20
150	218	500	20

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	2	
clay brn	2	6	
clay/sand, fine	6	10	
clay, brn	10	20	
clay, grey	20	28	20
clay, brn	28	35	
sand, fine/clay, brn	35	56	
sand/gravel, med	56	66	
sand/fine	66	70	
sand, med, coarse	70	92	
silt, hard	92	102	
silt/clay, brn	102	107	
clay/silt brn	107	150	
sandstone, brn	150	189	20
claystone brn	189	201	
clay/claystone grey	201	215	
sandstone brn	215	218	
clay/sand brn	218	225	

Date started 7-2-96 Completed 7-11-96

(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 Timothy K. Rely

Date 7-14-96

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