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JUN 20 1997

ID LABEL # L11232

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.

(START CARD) # 76985

(as required by ORS 537.765)
SALEM, OREGON
Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
Name SAFARI MOTOR COACH
Address 30725 DIAMOND HILL Rd
City HARRISBURG State OR Zip 97446

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20	0	400	CEMENT	0	400	2.50 SKS
16	400	805				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	16"	0	400	.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) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Other
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min 1650 Drawdown 35' Drill stem at _____ Time 6 hr
Temperature of water 91° 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 30 E E or W. WM. _____
Section 26 SE 1/4 NE 1/4 _____
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
3 ft. below land surface. Date JAN 7, 1997
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
400	805	N/A	3'
12	14	N/A	12'
110	140	100+	12'
400	800	1650	3'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
YELLOW CLAY	0	12	
BROWN SAND	12	14	12
YELLOW CLAY	14	57	
BROWN SAND / BROWN CLAY	57	148	
BLACK CINDER	148	160	
BLACK BASALT	160	170	
RED CINDER	170	190	
YELLOW CLAYSTONE	190	239	
RED CINDER	239	274	
BLACK BASALT	274	315	
ORANGE CLAY	315	320	
RED & YELLOW CINDER	320	325	
GREEN TUFF	325	355	
GRAY TUFF	355	440	
RYOLITE / QUARTZ	440	570	3'
GRAY / GREEN TUFF	570	590	
RYOLITE / QUARTZ	590	640	
BROWN TUFF	640	760	
RYOLITE / QUARTZ	760	805	

Date started DEC 2, 1996 Completed JAN 6, 1997
(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.

WVC 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.

WVC Number 773
Signed John Otter Date 2-25-96