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OCT 27 1997

STATE OF OREGON WATER RESOURCES DEPT.
WATER SUPPLY WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

WELL I.D. # L18173
START CARD # 106126

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

(1) OWNER: Well Number _____
Name Lee Wilson
Address Hc 71, Box 204
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 112 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or _____
Diameter	From	To	Material	From	To	
18"	0	19'	Cement	0	19'	16
12"	19'	112'				

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: 12"	+1'	112'	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) 112'

(7) PERFORATIONS/SCREENS:

Perforations Method Factory Perf
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
72"	112"	4x3960	12"			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>NO SCREENS</u>							

(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
Yield gal/min	Drawdown	Drill stem at	Artesian Time
650	35'		1 hr.
650	35'		8 hr.

Temperature of water 49 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 24 S N or S Range 21 E or W. WM.
Section 32 SW 1/4 SE 1/4
Tax Lot 4000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sunserd. - 2 miles west

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 10-8-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 50'

From	To	Estimated Flow Rate	SWL
50'	52'	30 GPM	50
65	67	100 GPM	50
84	112	500 GPM	50

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil Sandy loam	0	4	
Brown Clay	4	45	
Clay Clay	45	50	50'
Blue Clay	50	67	50'
Sand Stone	67	84	
Brown Clay/Coarse sand	84	112	50'

Date started 10-1-97 Completed 10-8-97
(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.

Signed Glenn Valentine WWC Number 1675 Date 10-22-97

(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.

Signed Joe Valentine WWC Number 1435 Date 10-22-97