

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

HARV
50236 BARN 50236 WELL I.D. # L 21127

(START CARD) # 102405

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

(1) OWNER: Well Number _____
Name Robert N. CARGILL
Address HC 71-65 Turnout Rd
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 140 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|------------|-----------|------------|------------------|-----------|------------|-----------------|
| Diameter | From | To | Material | From | To | |
| <u>16"</u> | <u>0</u> | <u>20</u> | <u>Pre Mix C</u> | <u>0'</u> | <u>20'</u> | <u>10</u> |
| <u>12</u> | <u>20</u> | <u>141</u> | | | | |

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: <u>12"</u> | <u>+1</u> | <u>140</u> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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:

Perforations Method _____
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------------|-------------|-----------|-----------|------------|----------------|-------------------------------------|--------------------------|
| <u>60'</u> | <u>140'</u> | <u>3"</u> | <u>12</u> | <u>12"</u> | | <input checked="" 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 |
|---------------|----------------|---------------|--------------|
| <u>42.5</u> | <u>45'-80'</u> | | <u>1 hr.</u> |

Temperature of water 55° 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 Harvey Latitude _____ Longitude _____
Township 25 N or S Range 33 E or W. WM.
Section 36 NW 1/4 NE 1/4
Tax Lot 9700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 73 3272
HWY 78

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 6-10-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

| From | To | Estimated Flow Rate | SWL |
|------|----|---------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|----------------------------|------------|-------------|-----|
| <u>Top Soil</u> | <u>0</u> | <u>1'</u> | |
| <u>Broken rock + rock</u> | <u>1</u> | <u>55'</u> | |
| <u>Red Cinders</u> | <u>55'</u> | <u>62'</u> | |
| <u>White Sand + Gravel</u> | <u>62'</u> | <u>141'</u> | |

RECEIVED
NOV 28 1997
WATER RESOURCES DEPT.
SALEM, OREGON

DEC 19 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-5-97 Completed 6-10-97
(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Robert N. Cargill WWC Number _____
Date 7-15-97

For Official Use Only:

Received Date:

11-28-97

County Well Log ID #

HARN 50236

Well Identification Tag #

21127

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

LANDOWNER PERMIT

Name:

Robert N. Cargill

Mailing Address:

HC 71-65 Turnout Rd.

City:

Burns

State:

OR

Zip:

97720

Phone: ()

WELL LOCATION:

County:

Harney

Owner's Well Number:

Township:

25

N of S, Range:

330

E or W, Section:

36

NW 1/4

NW 1/4

Tax Lot Number:

Type of Well: water supply

monitoring

Street Address of Well (if different from above):

HC 73 - 3272 Hwy 78

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:

No:

If Yes: Application #:

Permit #:

Certificate #:

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310