

DEC 18 1997

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

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

(START CARD) # 99435 WATER RESOURCES I
SALEM, OREGON

(1) OWNER: _____ Well Number _____
Name Robert N. Cargill Jr
Address HC 73-3272 Hwy 78
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 200'
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	20'	Steel	0	12'	10 Sacks
						Cement

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☒ E

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 200' ft. Size of gravel 3/8" pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	14'	0	50	25	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Medicinal cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Lines
50'	200'	1/8"		14"	14"	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
1050	To 39'		1 hr.

Temperature of water	NH	Depth Artesian Flow Found	NH
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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 25 N or S Range 33 E or W WM
Section 25 NE 1/4 NE 1/4
Tax Lot 8300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

27' ft. below land surface. Date 11-1-97
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation

[illegible]

Date started MAY 1, 97 Completed 11-1-97

(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.

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

Signed Kathleen L. Carroll Date 11-10-97

HARN 50238
For Official Use Only:

Received Date:

12-1-97

County Well Log ID #

HARN 50238

Well Identification Tag #

21128

WELL IDENTIFICATION APPLICATION FORM

LANDOWNER PERMIT

BUYER/CURRENT WELL OWNER:

Name:

Robert N. Cargill Jr.

Mailing Address:

HC 73 - 3272 Hwy 78

City:

Burns

State:

OR

Zip:

97720

Phone: ()

WELL LOCATION:

County:

Harney

Owner's Well Number:

Township:

25

N or S,

Range:

33

E or W, Section:

25

1/4

1/4

Tax Lot Number:

8300

Type of Well:

water supply

monitoring

Street Address of Well (if different from above):

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