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JAN 08 1999

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 63151

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

(1) OWNER: Well Number _____
Name PHIL TURRELL
Address 52 S. BUENA VISTA
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 220 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	21	BENTONITE	0	86	21 SACKS
10	21	86				
8	86	220				

How was seal placed: Method A B C D E
 Other TAMPED BENTONITE
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: 8	0	95	.3125	<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) 95

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 52 Drawdown 6 Drill stem at _____ Time 3 HRS
Temperature of water 53°F 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 Odorous Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County WARNEY Latitude _____ Longitude _____
Township 22 S N or S Range 31 E E or W. WM.
Section 33 NW 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
35 ft. below land surface. Date 4-1-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 37'

From	To	Estimated Flow Rate	SWL
37	43	1 GPM	N/A
107	122	25 GPM	35'
178	188	60+ GPM	35'
197	202	" "	35'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY LOAM	0	2	0
YELLOW CLAY	2	4	
RED CLAY	4	8	
RED CLAY / GRAVEL	8	16	
BROWN CLAY / GRAVEL	16	31	
WHITE SAND	8	16	
RED CLAY / GRAVEL	16	31	
BROWN CLAY / GRAVEL	31	34	
RED VOLCANIC ROCK (SOFT)	34	43	
BROWN CLAY / BRKN ROCK	43	72	
BLACK ROCK, FRACTURED	72	86	
YELLOW CLAY	86	107	
MED GRAVEL	107	122	35'
TAN CLAYSTONE	122	166	
BRKN BLACK ROCK	166	172	
TAN CLAYSTONE	172	178	
MED GRAVEL	178	188	
TAN CLAYSTONE	188	197	
COARSE BLK SAND	197	202	
TAN CLAYSTONE	202	220	

Date started 3-28-95 Completed 4-1-95

(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 John Oetter WWC Number 773 Date 4-2-95