

HARN  
56427

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

WELL I.D.# 626598

(START CARD) # 116921

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

(1) OWNER:

Well Number # 12  
Name Carpenter Ranch  
Address P.O. Box 667  
City Burns State Ore 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 Test

(5) BORE HOLE CONSTRUCTION:

Special Construction approval  Yes  No Depth of Completed Well 25 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>38</u>   | <u>Dentonite</u> | <u>0</u> <u>38</u> | <u>41</u>       | <u>Sacks</u> |
| <u>12</u> | <u>38</u> <u>195</u> |                  |                    |                 |              |

How was seal placed: Method  A  B  C  D  E  
 Other Air Inject.  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 195 ft. to 75 ft. Size of gravel 1"-2"

(6) CASING/LINER:

|         | Diameter  | From      | To        | Gauge      | Steel                               | Plastic                  | Welded                              | Threaded                 |
|---------|-----------|-----------|-----------|------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: | <u>12</u> | <u>+2</u> | <u>78</u> | <u>288</u> | <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 | Material | Tele/pipe size | Casing                   | Liner                    |
|------|--|----|--|-----------|--------|----------|----------|----------------|--------------------------|--------------------------|
|      |  |    |  |           |        |          |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

(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 Artesian |
|--|---------------------------------|------------------------------|---|
| Yield gal/min                            | Drawdown                        | Drill stem at                | Time                                      |
| <u>900</u>                               | <u>35</u>                       |                              | <u>54</u> hr.                             |

Temperature of water 59 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  No  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 S N or S Range 31 E E or W. WM.  
Section 32 NW 1/4 NW 1/4  
Tax Lot 6000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Weaver Springs Rd  
Burns, Ore.

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 4-26-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 63

| From      | To        | Estimated Flow Rate | SWL       |
|-----------|-----------|---------------------|-----------|
| <u>63</u> | <u>81</u> | <u>1000</u>         | <u>30</u> |

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

| Material                  | From       | To         | SWL       |
|---------------------------|------------|------------|-----------|
| <u>Top Soil</u>           | <u>0</u>   | <u>6</u>   | <u>-</u>  |
| <u>Brown Clay</u>         | <u>6</u>   | <u>12</u>  | <u>-</u>  |
| <u>Brown Sand</u>         | <u>12</u>  | <u>23</u>  | <u>-</u>  |
| <u>Blue Clay</u>          | <u>23</u>  | <u>63</u>  | <u>-</u>  |
| <u>Grey Sand (w/B)</u>    | <u>63</u>  | <u>81</u>  | <u>30</u> |
| <u>Vesicular Brown</u>    |            |            |           |
| <u>Black Basalt</u>       | <u>81</u>  | <u>133</u> | <u>30</u> |
| <u>Medium Grey Basalt</u> | <u>133</u> | <u>145</u> | <u>30</u> |

RECEIVED

MAY 25 1999

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 4-2-99 Completed -4-26-99

(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 \_\_\_\_\_ Date \_\_\_\_\_ WWC Number \_\_\_\_\_

(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 Donald B. Reed WWC Number 1521 Date 4-27-99