

HARN  
50429

MAY 25 1999

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

WELL I.D.# 26599

WATER RESOURCES DEPARTMENT # W-116922  
SALEM, OREGON

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

(1) OWNER:

Well Number 13  
Name Coyenter 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 78 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>16</u>	<u>0</u>	<u>44</u>	<u>Bentolite</u>	<u>44</u>	<u>0</u>	<u>47 Sacks</u>
<u>12</u>	<u>44</u>	<u>145</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 78 ft. Size of gravel 1"-2"

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>12</u>	<u>12</u>	<u>78</u>	<u>280</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:

Perforations		Screens	
From	To	From	To

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>700</u>	<u>35</u>		<u>42 9hr.</u>

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 NE 1/4 NE 1/4  
Tax Lot 6000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Weaver Springs St  
Burns, Ore. 97720

(10) STATIC WATER LEVEL:

29 ft. below land surface. Date 4-27-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 61

From	To	Estimated Flow Rate	SWL
<u>61</u>	<u>82</u>	<u>700</u>	<u>29</u>

(12) WELL LOG:

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

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>4</u>	<u>-</u>
<u>Brown clay</u>	<u>4</u>	<u>8</u>	<u>-</u>
<u>Brown sand</u>	<u>8</u>	<u>24</u>	<u>-</u>
<u>Blue clay</u>	<u>24</u>	<u>61</u>	<u>-</u>
<u>Black sand (w/B)</u>	<u>61</u>	<u>81</u>	<u>29</u>
<u>Vesicular black</u>			
<u>Brown Basalt</u>	<u>81</u>	<u>138</u>	<u>29</u>
<u>Medium Black</u>			
<u>Basalt</u>	<u>138</u>	<u>145</u>	<u>29</u>

Date started 4-8-99 Completed 4-27-99

(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.

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 1521  
Signed Donald D. Keen Date 4-27-99