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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L28444
START CARD # 122200

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

(1) OWNER: Well Number _____
Name John P Watts
Address HC 72 Box 128
City _____ 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 96 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	18	Bentonite	0	18	19 sacks
18	18	40				
16	40	96				

How was seal placed: Method A B C D E
 Other poured dry and tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge			
				Steel	Plastic	Welded	Threaded
Casing:	16	+1	40	250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<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	Tube/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
Temperature of water 55 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 Hanrey Latitude _____ Longitude _____
Township 26S N or S Range 33E E or W. WM.
Section 33 NW 1/4 SE 1/4
Tax Lot 6900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Narrows-Princeton

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 6-16-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	96	1800	28

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy loom top	0	3	
rock blk w/crevases	3	96	28

Date started 6-8-99 Completed 6-16-99

(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 Timothy K. Riley WWC Number 1424 Date 6-17-99