

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

FEB - 8 1998

HARN 50457

HARN
50457

(START CARD) # 67723

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:

Name ANDY ROOT
Address 4673, 174 HARNEY RD.
City RURNS State OR Zip 97120

Well Number 3

(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 425 ft.
Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	(Sacks or pounds)
20"	0	20'	CEMENT	0	20'	32

How was seal placed: Method A B C D E
 Other

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: 14"	4'	160'	250	<input 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 Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

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

Yield gal/min	Drawdown	Drill stem at	Time
1400	160'		1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 56 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 Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____
Township 22 N or S Range 32 1/2 E or W WM.
Section 33 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 7-28-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	31	5 gpm	30
91	92	40 gpm	30
397	409	1000 gpm	30

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil - sandy	0	5'	
GRAY CLAY	5'	73'	30
BLUE CLAY	73'	91'	30
SAND STONE	91'	238'	30
BLUE CLAY	238'	312'	30
SAND STONE	312'	397'	30
FINE SAND W/ GRAVEL	397'	409'	30
GRAY CLAY	409'	425'	30

Date started _____ Completed _____

(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 Joe Verbeek WWC Number 1435 Date 7-28-95

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

"HARNEY 50457"

35537

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

JUL 01 1999

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Andy Root

Mailing Address: HC 73 174 Harney Road

City: Burns State: OR Zip: 97720 Phone: (541) 493-3645

WELL LOCATION:

County: Harney Owner's Well Number: # 3

Township: 22 N or S, Range: 32 1/2 E or W, Section: 33 SE 1/4 SE 1/4

Tax Lot Number: 2200 Type of Well: water supply LR 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: 67723 Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ State well log # _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: yes No: _____

If Yes: Application #: G-14678 Permit #: G-13539 Certificate #: _____

Please Return Completed Form to:
Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310