

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

WELL I.D.# L38033

HARN
50504

(START CARD) # 128614

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

(1) OWNER:

Name Wayne Bush Well Number _____
Address HC 73, 301 Newton Rd
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 223 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks of pounds
Diameter	From	To	Material	From	To	
18"	0	18'	Bentonite	0	18'	24
12"	18'	223'				

How was seal placed: Method A B C D E

Other Bentonite was packed.

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: 12"	+1'	159'	.250	<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) 159'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
100			1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 55 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 23 N or Range 33 E or W. W.M.
Section 7 NE 1/4 SW 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 73, 301 Newton Rd
Hwy 20 mile post 150 - Newton Rd 1/2 miles on left.

(10) STATIC WATER LEVEL:

15' ft. below land surface. Date 2-19-2000
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22'	25'	5 gpm	15'
100'	118'	50 gpm	15'
142'	154'	20 gpm	15'
201'	223'	500 gpm	15'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0'	3'	
Brown clay	3'	57'	15'
Gray clay	57'	100'	
Coarse sand	100'	118'	
Brown clay	118'	142'	
Fine sand	142'	154'	
Gray clay	154'	201'	
Sandstone	201'	223'	15'

RECEIVED

MAR 1 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-19-00 Completed 2-27-00

(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 Gloria Valente WWC Number 1675
Date 2-27-00