

HARNEY
50509

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

WELL I.D. # L 40943
START CARD # 103035

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

(1) OWNER: Well Number _____
Name Robert N + Sandra N. CARGILL
Address HC 71-65 Turnout 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 61 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>1 3/4"</u>	<u>0</u>	<u>18'</u>	<u>Bentonite</u>	<u>0</u>	<u>18'</u>	<u>10</u>

How was seal placed: Method A B C D E
 Other pressed
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
<u>10"</u>	<u>71</u>	<u>60</u>	<u>150</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>23'</u>	<u>53'</u>					<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>20</u>	<u>11'</u>		<u>1 hr.</u>

Temperature of water 58° 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 31 E or W. WM.
Section 33 1/4 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 71-65 Turnout Rd

(10) STATIC WATER LEVEL:
19' ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 31'

From	To	Estimated Flow Rate	SWL
<u>31'</u>	<u>33'</u>		<u>19'</u>
<u>40'</u>	<u>53'</u>		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2'</u>	
<u>Consolidated Gravel</u>	<u>2'</u>	<u>31'</u>	<u>19'</u>
<u>Sandy Clay</u>	<u>31'</u>	<u>40'</u>	
<u>Sand & gravel</u>	<u>40'</u>	<u>53'</u>	
<u>rock</u>	<u>53'</u>	<u>61'</u>	

RECEIVED
MAR 20 2000
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-5-00 Completed 3-13-00

(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.
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 _____
Signed Robert N. Cargill Date 3-25-00