

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

HARN
 50516

WELL I.D.# 41297

(START CARD) # 102213

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

(1) OWNER: Well Number #3
 Name Joseph RECKLEY
 Address HC 71, Box 441
 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 97 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0'	4'	Bentonite	0	20'	22-50# sacks	
16"	4'	20'					

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	0'	76'	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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 50 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found NA
 Was a water analysis done? Yes By whom NO
 Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other None
 Depth of strata: None

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 26 N or S Range 30 E or W. WM.
 Section 2 NE 1/4 SW 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
66' ft. below land surface. Date 2/2/2000
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 70 feet

From	To	Estimated Flow Rate	SWL
70'	75'	50 gpm	70'
81'	89'	50 gpm	67'
92'	99'	50 gpm	67'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Sandy Soil	1'	4'	
Black Cinders (Fine)	4'	36'	
Black & Red Cinders (Coarse)	36'	50'	
Black Cinders w/white Pumice	50'	62'	
Sand Stone (Brown)	62'	70'	
Sand Stone - Pumice & Diatomite layers	70'	75'	70'
Black Basalt	75'	81'	70'
Clay (aqua blue)	81'	89'	67'
Sand Stone medium	89'	92'	67'
Black sand (water bearing)	92'	99'	67'
Black Cinders w/pumice layers	99'	115'	67'

RECEIVED

APR 26 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-23-98 Completed 4-20-2000

(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 Joseph R. Eckley WWC Number _____ Date 4-23-2000

(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.
 Landowner permit
 Signed Joseph R. Eckley WWC Number _____ Date 4-23-2000