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SEP 2 5 2000

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are in the property of the form.

L39239 WELL I.D. # L\_ 130089 START CARD #\_

(1) OWNER: Well Number				(9) LOCATION OF WELL by legal description:  County Harney Latitude Longitude				
Address 398 N Broadway				Township 23S N or S Range 30E E or W. WM.				
City Burns State OR Zip 97720								
(2) TYPE OF WORK				Tax Lot 8()() L			abdivision	
		tion (repair/recondi	tion) Abandonment	Street Address of Well			υ <u>ο</u>	
(3) DRILL MET					Estates			
Rotary Air	Rotary Mud	Cable Au	ger	(10) STATIC WATER LEVEL:				
Other				375 ft. below land surface. Date $9-18-00$				
(4) PROPOSED	USE:			Artesian pressure 1b. per square inch. Date				
	Community [		Irrigation	(11) WATER BEARI	NG ZONES:			
			Other	Depth at which water was first found380				
(5) BORE HOL								
			empleted Well $405$ ft.	1 1				
	]Yes [X]No Typ		Amount	From	To	<del>                                     </del>	d Flow Rate	SWL
HOLE		SEAL		380	403		200	375
Diameter From		ite 0 18	Sacks or pounds		<u>.                                    </u>			+
	05 benton	TIE OLIO	18sacks					+
10 110 6	103						<del>'</del>	+
<del>-   -  </del>				(12) WELL LOC.		<u> </u>		
How was seal place	ed: Method	ПА ПВ	C D DE		(12) WELL LOG: Ground Elevation			
Other				Ground	Licvation			
Backfill placed from				Materia	1	From	То	SWL
Gravel placed from			of gravel	sandy loom	ropsoil	0	2	
(6) CASING/LI	NER:			sandstone o		2	60	
Diameter		auge Steel Plast	ic Welded Threaded	rock brn		60	182	
Casing: 10	+1 59.2			sandstone g	rey/cinder			
	<u> </u>			b1k		182	220	
	-			cinders blk			<del> </del>	
	<del> </del>			pumice		220	260	
Liner:	<del>                                     </del>			multi color			1200	
T' - 11 4 6 - h	(2)			clay		2.60 300	300	
Final location of sh (7) PERFORAT		ç.		cinders red		314	370	
Perforations				cinders/cla		370	380	
Screens	Type		[aterial	cinders red		380	395	
	Slot	Tele/	pipe	no cuttings		395	403	
From To	size Number	Diameter siz	e Casing Liner	rock blk (h		403	405	
	<u> </u>		🗆 🗆				<u> </u>	
(8) WELL TESTS: Minimum testing time is 1 hour				Date started 8-21-00 Completed 9-18-00 (unbonded) Water Well Constructor Certification:				
		<b>-</b>	Flowing	(				4
☐ Pump	₩ Bailer	☐ Air Drill stem at	☐ Artesian Time	I certify that the work of this well is in complian	ce with Oregon water	supply well co	nstruction star	ndards.
Yield gal/min	Drawdown	Drui stem at	1 hr.	Materials used and inform and belief.	nation reported above a	ure true to the t	est of my kno	wledge
			1 111.	MIN DOUGH.		WWC Nu	mber	
				Signed			Date	
Temperature of wat	ter 59 1	Depth Artesian Flow	v Found	(bonded) Water Well Co	nstructor Certification			
Was a water analys		-		I accept responsibility				
Did any strata conta			Too little	performed on this well du	performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well			
•		Colored Othe		construction standards. T		best of my kn	owledge and t	oelief.
Depth of strata:				<u> </u>	1 110.1	WWC Nu	mber <u>/ 4</u>	24
				Signed Timoth	K. Kily		_Date _ <b>9</b> -	-21-0

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

MANS was a few managements as a few memory m	Check No.	7891	
Watermaster Initials	Date Fee Receiv	a and	U
Date Hand-Delivered			Ā
Date Postmarked DO al DO	M TOAK	1739906	
	45nna		
FOR WATER RESOURCES DEPARTM	TENT USE ONLY		
			<b>3</b>

## **START CARD**

## NOTICE OF BEGINNING OF WELL CONSTRUCTION (as required by ORS 537.762)

This form must be completed and the original copy mailed or delivered to the Water Resources Department, 158 12th St. NE, Salem, OR 97310, for all new well construction, or conversion of an existing hole not previously used to seek water. This original copy must be mailed or delivered no later than the day construction or conversion work begins. A \$75 fee shall accompany the original copy for all new well construction and conversion (make checks payable to the Water Resources Department). Notices meeting the submittal requirements but received without the required fee will not be accepted as properly and timely filed. In addition, the constructor shall provide the "Watermaster Copy" of this notice to the office of the district watermaster within which the well is being constructed, altered, converted or abandoned using one of the following options: (a) by regular mail no later than three (3) calendar days (72 hours) prior to commencement of work: or, (b) by hand delivery, during regular office hours, no later than the day work is commenced; or, (c) by FAX no later than the

of work; or, (b) by hand delivery, do day work is commenced. If method office of the district watermaster no civil penalties for failure to submit the alteration, conversion or abandonme	(c) is used, the original "Wate later than the day work is cone required \$75 fee with the start or work.	ermaster Copy" of the commenced. The Water card and for failure to	r Resources Commission has submit cards prior to begin	RECEIVED
Owner's name and mailing address:	Floyd A	4. GARLA	awd	AUG 2 4 2000
Owner's name and mailing address: Home Phone: 541-573-2/7/ Work Phone:	3987	1. BROAd	WAY WA	TER RESOURCES DE
Work Phone:	BURNS	, ORCGO,	V 97720	SALEM, OREGON
Check type of work:  Fee Required:  Proposed Commencement Date:	New Construction R	In Eng	Alteration (Repair/Rec Deepening Original Abandonment Card Nur	Ondition)
Existing or Proposed Well Depth:	350 Diameter:	Origi	inal Well I.D. Label Numbe	r:
Check Use:	nestic Public System (C	Other	ndustrial [] Irrigation	☐ Monitoring
Proposed Well Location: County	Harney	Township: N	orth or South East or W	Section: //
	2. Street A	Address of well loca	tion (or directions if not as	signed).
N -	3. Tax-lo	t number of well loc	eation: 800	
			identified. (See reverse for	
	5. Show	well location within	1/4, 1/4 of section grid at I	eft.
We hereby cortify that we have knowledge Owner/Agent  Date Signed	2. O. O - Tu	ded Water/Monitor Well	_	io. 1424
OWNER PLEASE NOTE: Thi through the Water Resources I approved prior to construction ADDITIONAL IMPORTANT IN	s is not a water right appl Department, if required. Th if the well is to be used as a	ne Oregon Health	er is responsible for obt Division requires plans	aining a water right to be submitted and

THIS COPY, WITH ACCOMPANYING FEE, TO WATER RESOURCES DEPARTMENT IN SALEM.