

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

MAR 12 2001

WATER RESOURCES DEPT.
OREGON

WELL I.D. # L 139249
START CARD # 130098

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

(1) OWNER:

Well Number _____
Name Stan Woodworth
Address PO Box 622
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 167 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
22	0	18	bentonit	0	18	20sacks
18	18	167				

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

☒ Other poured dry and tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 167 ft. to 0 ft. Size of gravel 3/8pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 18	+1	30	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner: 10	+1.5	167	250	☒	☐	☒	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☒ Screens Type cook Material galv/st

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
107	167	125		10		☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump

☒ Bailer

☐ Air

☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	2'		1 hr.

Temperature of water 59 Depth Artesian Flow Found _____

Was a water analysis done? ☐ No ☐ 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 24S N or S Range 32E E or W. WM.
Section 9 NE 1/4 NE 1/4
Tax Lot 2900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HWY 78

(10) STATIC WATER LEVEL:

25 ft. below land surface. Date 2-19-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 25

From	To	Estimated Flow Rate	SWL
25	167	600	25

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil	0	1	
sand fine	1	12	
clay brn	12	23	
sand grey	23	28	25
clay grey	28	45	
clay sand	45	56	25
sand blk	56	70	
clay grey	70	88	
sand fine blk	88	117	25
silt/sand	117	127	
sand, fine blk	127	140	
clay grey	140	145	
clay sand med	145	153	25
clay sand	153	158	
sand coarse	158	165	25
clay sand	165	167	25

Date started 1-30-01 Completed 2-19-01

(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 1424

Signed Timothy K. Riley Date 2-26-01