

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

NOV 01 2001

WATER RESOURCES DEPT.

WELL I.D. # 51602
START CARD # W 129291

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

(1) **LAND OWNER** Well Number _____
Name Tom Davis
Address HC 72 Box 125
City Princeton State Or Zip 97721

(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 100 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>20</u>	<u>0</u>	<u>38</u>	<u>Cement</u>	<u>0</u>	<u>38</u>	<u>10</u>	
			<u>+ bent</u>			<u>21</u>	
<u>16</u>	<u>38</u>	<u>80</u>					
<u>10</u>	<u>80</u>	<u>100</u>					

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

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:	<u>16</u>	<u>12</u>	<u>38</u>	<u>250</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

	Yield gal/min	Drawdown	Drill stem at	Flowing Artesian
	<u>2000+</u>	<u>60</u>	<u>81</u>	<u>69</u> hr.

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? ☒ No ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☒ No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**

County Harney Latitude _____ Longitude _____
Township 27 S N or S Range 32 E E or W. WM.
Section 18 NW 1/4 SW 1/4
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 72 Box 125
Princeton, Or 97721

(10) **STATIC WATER LEVEL:**

21 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found <u>83</u>			
From	To	Estimated Flow Rate	SWL
<u>83</u>	<u>92</u>	<u>2000</u>	<u>21</u>

(12) **WELL LOG:**

Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	<u>-</u>
<u>Hard Clay Stone</u>			
<u>Brown</u>	<u>2</u>	<u>24</u>	<u>-</u>
<u>Fractured</u>			
<u>Vesicular Basalt</u>	<u>24</u>	<u>31</u>	<u>-</u>
<u>Brown Basalt</u>			
<u>Medium</u>	<u>31</u>	<u>44</u>	<u>-</u>
<u>Hard Grey Basalt</u>	<u>44</u>	<u>83</u>	
<u>Hard Vesicular</u>			
<u>Brown Red</u>			
<u>Black Basalt</u>	<u>83</u>	<u>92</u>	<u>21</u>
<u>Hard Grey Basalt</u>	<u>92</u>	<u>100</u>	<u>21</u>

Date started 9-12-01 Completed 10-23-01

(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 1521
Signed Donna W. Lend Date 10-27-01