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HARN
50732

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 02251
START CARD # 145418

(1) OWNER:

Well Number _____

Name CHAD & CHAR MARIE BRADACH
Address P.O. Box 842
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 640 ft.Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16	0	220	CEMENT	40	220	130 SACKS
			BENTONITE	0	40	28 SACKS
12	220	640				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other CEMENT PUMPED THROUGH SHOE FROM BOTTOM UP. BENTONITE POURED DRY

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: 12	0	214	250	☒	☐	☒	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
Liner:				☐	☐	☐	☐
				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations

Method _____

☐ Screens

Type _____

Material _____

From	To	Slot size	Number	Diameter	Telepipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
100		630	1 hr.

Temperature of water 61 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 24 S N or S Range 32 E E or W. WM.
Section 13 SW 1/4 NW 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) APPROX 1/2 MILE NC. OF JUNCTION OF HWY 78 and EMBRY BRIDGE RD.

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date 5-10-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
140	180	50	16
220	320	100	31

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TAN-GRAY CLAY	330	490	31
BLUE CLAY	490	530	31
TAN-GRAY CLAY	530	640	31

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NOV 07 2001

WATER RESOURCES DEPT

Date started APR 28 1999 Completed 5-10-99

(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 773Signed John OetlerDate 11-6-01

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