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STATE OF OREGON
WATER SUPPLY WELL REPORT

DEC 15 2003

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51008

WELL I.D. # L 53276
START CARD # 152165

(as required by ORS 537.765)

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

(1) LAND OWNER

Name USDA Mathew NF Well Number _____
Address Box 907
City John Day State OR Zip 97845

(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 310 ft.
Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material		SEAL		Sacks or pounds	
12"	0	20	Bentonite	0	20	14	Sacks				
10"	20	183									Powered
10"	188	198	Portland	188	198	8	Sack Cement				Pumped
8"	198	310	Cement								Pumped

How was seal placed: Method A B C D E
 Other Cement was pumped to 198' with a tremie pipe
Backfill placed from tremie pipe Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	414"	198	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	170	310	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method Factory cuts
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
310	290	1/4 x 1/4	245	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
33	226.6	300	1 hr.

Temperature of water 56 Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? yes Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: 180

(9) LOCATION OF WELL by legal description:

County HARNEY Latitude _____ Longitude _____
Township 20 N or S Range 31 W or W. WM.
Section 27 SW 1/4 SE 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) talkwill camp ground - USFS

(10) STATIC WATER LEVEL:

155 ft. below land surface. Date 12-3-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
180	181	1	144
290	308	33	155

(12) WELL LOG:

Material	From	To	SWL
Tan clay Med Soft	0	3	
Fractured tan Basalt Med Hard	3	13	
Hard Basalt gray	13	15	
Hard Basalt tan	15	36	
Tan clay + sand	36	180	
Hard Fractured Basalt	180	181	144
gray Med Hard Water			1 gpm
gray Hard Basalt	181	290	
Brown Fractured Basalt - Water	290	308	155
Brown Hard Basalt - 33 gpm	308	310	

Date started 11-24-03 Completed 12-3-03

(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 _____ WWC Number _____ 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.

Signed John Marriel WWC Number 1606 Date 12-3-03