

STATE OF OREGON
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 L65240
START CARD # 162594

HARN
51036

(1) LAND OWNER Well Number _____
Name Jeff Donroh
Address PO Box 190
City Burns State OR Zip 97720

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment
(3) DRILL METHOD: Poked 6" well and turned into 12" (imagination)
 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 245 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
17	0	22	benznite	0	22	30 sacks
12	22	210				
10	210	245				

How was seal placed: Method A B C D E
 Other poored dry + tamped
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	2	100	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500		245	1 hr.

Temperature of water 60 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 23 S N or S Range 33 E E or W. WM.
Section 1 SE 1/4 SW 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 70739 Crane-Buchanan Rd

(10) STATIC WATER LEVEL:
57 ft. below land surface. Date 4-23-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	240	1000	57

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	1	
clay yellow hard	1	23	
clay yellow soft	23	70	
clay blue	70	108	
pumice, pink clay	108	120	
pumice/obsidian clay	120	185	57
obsidian + pumice	185	195	57
rock red broken	195	210	57
rock brn broken	210	213	57
obsidian green + pumice	213	220	57
obsidian blk + red pumice	220	240	57
clay green/obsidian + pumice	240	245	57

Date started 4-22-04 Completed 4-23-04

(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.
WVC 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.
WVC Number 1424
Signed Timothy K. Riley Date 4-24-04