

# HARN 51260

STATE OF OREGON

**WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83202

START CARD # 176013

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_

First Name Jett Last Name Blackburn  
 Company \_\_\_\_\_  
 Address 707 Ponderosa Village  
 City Burns State OR Zip 97720

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community

Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)

Depth of Completed Well 133 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
26.	0	25.	Granular Bentonite	0	25.	65.	S
22.	25.	133.					

How was seal placed: Method  A  B  C  D  E

Other poured dry and tam

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from 133 ft. to 0 ft. Material 3/8 Size pea gravel

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22.		1.	31.	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14.		2.	133.	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_  
 Screens Type roscoe moss Material stainless steel

Perf/	Casing/	Screen	Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Liner	14.	62.	122.	100	<u>continuous</u>		

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

50.	0		

Temperature 59 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

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

County HARNEY Twp 25.00 S N/S Range 31.00 E E/W WM

Sec 27 NE 1/4 of the NW 1/4 Tax Lot 100

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat 0 " or \_\_\_\_\_ DMS or DD

Long 0 " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

L5 Ln Hwy 205

**(10) STATIC WATER LEVEL** Date \_\_\_\_\_ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	<u>03-15-2006</u>		<u>42.</u>

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 42.

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
<u>03-15-2006</u>	<u>42.</u>	<u>125.</u>	<u>600.</u>		<u>42.</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
topsoil sandy loam	0	1.
clay brn	1.	4.
sand fine brn	4.	20.
clay yellow	20.	40.
clay blue	40.	51.
sand blk	51.	60.
silt blk sand fine	60.	80.
clay grey	80.	100.
silt sand	100.	115.
claystone grey w/sand	115.	125.
clay green	125.	133.

RECEIVED

MAR 23 2006

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 03-08-2006 Completed 03-15-2006

**(unbonded) Water Well Constructor Certification**

I certify that the work I performed on the construction, deepening, 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.

License Number \_\_\_\_\_ Date \_\_\_\_\_

Password : (if filing electronically) \_\_\_\_\_

Signed \_\_\_\_\_

**(bonded) Water Well Constructor Certification**

I accept responsibility for the construction, deepening, 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.

License Number 1424 Date 03-15-2006

Password : (if filing electronically) \_\_\_\_\_

Signed Timothy B. [Signature]

Contact Info (optional) \_\_\_\_\_

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.85