

Revised Log
HARN 51272
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STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # 72702
 START CARD # 169131

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

(1) **LAND OWNER** Well Number _____
 Name Andy Root
 Address 0.0 Box 946
 City Burns State Or Zip 97720

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

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) **PROPOSED USE**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) **BORE HOLE CONSTRUCTION** Special Construction: Yes No
 Depth of Completed Well 375 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
18	0	44	Bent	17	44	24 Sacks	
18	0	17	Cement	0	17	1 yd	
14	44	240	-	-	-	-	
12	240		Cement			275	

How was seal placed: Method A B C D E
 Other Pour Down Dry Bentonite
 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: 14	13	77	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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
550	102	200	4 hrs

Temperature of water 60 Depth Artesian Flow Found _____
 Was a water analysis done? Yes No By whom _____
 Did any strata contain water not suitable for intended use? NO Too little
 Salty Murky Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL (legal description)**
 County Harney
 Tax Lot 2002 Lot _____
 Township 25 N or S Range 30 E or W WM
 Section 34 SE 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL**
78 ft. below land surface. Date 4-30-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**

From	To	Estimated Flow Rate	SWL
349	371	500	78

(12) **WELL LOG** Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	-
Red Clinders	3	26	-
Brown Sand			
Stone	26	35	-
Brown Basalt w/ Green Clay			
Seams	35	349	-
White Brown			
Blue Pumice	349	371	78
Green Clay	371	375	78

Date Started 3-26-06 Completed 4-30-06

(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.

WWC Number _____ Date _____
 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.

WWC Number 1521 Date 9-15-06
 Signed Danald M. Reed

SEP 18 2006

HARN 51272

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 72702

START CARD # 169131

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

(1) LAND OWNER Well Number _____
 Name Audy Root
 Address P.O. Box 946
 City Burns State OR Zip 97720

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 375 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
18"	0	44	Bent Cement	0	44
14"	44	240	-	-	-
12"	240	375	-	-	-

How was seal placed: Method A B C D E
 Other Powder

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: 14"	43	77	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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
550	102	200	4 hr

Temperature of water 60 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom NO
 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 (legal description)
 County Harney
 Tax Lot 2002 Lot _____
 Township 20025 North Range 30 E or W WM
 Section 34 SE 1/4 SW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) End of Weaver Springs Rd Burns, OR 97720

(10) STATIC WATER LEVEL
98 ft. below land surface. Date 4-30-06
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
349	371	500	98

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	-
Cluders	3	26	-
Brown Sand	26	35	-
Stone Basalt w/ clay seams	35	349	-
Green			
White, Brown & Blue Muds	349	371	98
Green Clay	371	375	98

Date Started 3-26-06 Completed 4-30-06

(unbonded) Water Well Constructor Certification
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WWC Number _____ Date _____
 Signed _____

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WWC Number 1521 Date 4-30-06
 Signed Donald W. Reed

RECEIVED

MAY 24 2006
 WATER RESOURCES DEPT
 SALEM, OREGON