

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.

Harn
51406

WELL I.D. # L 84784
START CARD # 189053

(1) LAND OWNER _____ Well Number _____
 Name Tom Phillips
 Address 6613 9 Crane Buchanan Ave
 City Burns State OR Zip 97722

(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 150 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	5'	150'		N/A	A	

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

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: _____				☐	☐	☐	☐
_____				☐	☐	☐	☐
_____				☐	☐	☐	☐
_____				☐	☐	☐	☐
Liner: _____				☐	☐	☐	☐
_____				☐	☐	☐	☐

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
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
250	20 ft	60 ft	1 hr.

Temperature of water 54° Depth Artesian Flow Found _____
 Was a water analysis done? No ☐ Yes By whom _____
 Did any strata contain water not suitable for intended use? No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
 Depth of strata: 10 ft

(9) LOCATION OF WELL by legal description:

County Harney Latitude _____ Longitude _____

Township 24S N or S Range 34 E or W. WM.

Section 19 NE 1/4 NE 1/4

Tax Lot 1700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 9-30-07
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 58'

From	To	Estimated Flow Rate	SWL
58	68	Sand Gravel	30

(12) WELL LOG:
Ground Elevation 4100

Material	From	To	SWL
5" HD S/PNE	58	68	30
5" HD S/PNE	68	145	
Brz C/2	145	150	

<u>30'</u>	<u>when</u>	<u>✓</u>	<u>Started</u>
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		RECEIVED
RECEIVED		DEC 24 2007
OCT 22 2007		WATER RESOURCES DEPT SALEM, OREGON
WATER RESOURCES DEPT SALEM OREGON		

Date started 9-25-07 Completed 9-30-07

(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 Kenneth E Smith WWC Number 1752 Date 10-17-07