## **HARN 51408**

## STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 84785 5140 START CARD # 189051

Instructions for completing this report are on the last page of this form.	START CARD#
(1) LAND OWNER Name Laurence W Rouse Address 6772 y Crane Bughanan Rd	(9) LOCATION OF WELL (legal description) County Harrier Tax Lot Lot
City Burns State OR Zip 97720	Township 2 4 5 N or S Range 33 E or W WM Section 12 NE 1/4
(2) TYPE OF WORK	Lat       " or
(3) DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud  Other	Street Address of Well (or nearest address) Som C
(4) PROPOSED USE  Domestic Community Industrial Trigation Thermal Injection Livestock Other	(10) STATIC WATER LEVEL  ft. below land surface.  Date 10 - 17 - 07  Date 10 - 17 - 07
(5) BORE HOLE CONSTRUCTION Special Construction: Yes Popular of Completed Well Conft.  Explosives used: Yes No Type Amount	Artesian pressure lb. per square inch Date  (11) WATER BEARING ZONES Depth at which water was first found 3 O
BORE HOLE Diameter From, To Benjeri From To Cacksor Pounds 18" 20" Benjeri C 20 30	From 3 To Estimated Flow Rate SWL , 30 9PM 20 , 395 400 400 9PM 20
How was seal placed: Method	(12) WELL LOG Ground Elevation 4700  Material From To SWL
Casing: Jameter From, To Gauge Steel Plastic Welded Threaded Casing: Jameter From, To Gauge Steel Plastic Welded Threaded  Liner:	prown clay 10 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30
(7) PERFORATIONS/SCREENS  Perforations Method Screens Type Material	
From To Slot Number Diameter Tele/pipe Casing Liner Size	Date Started 10 - 2 - Completed 10 - 7 - 0  (unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepering, are rational abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information report prove and true the best of my knowledge and belief.  WWC Number
(8) WELL TESTS: Minimum testing time is 1 hour  Pump ☐ Bailer ☐ Air ☐ Flowing Artesian	SignedSALEM, OREGON
Temperature of water 570  Was a water analysis done? The By whom  Drill stem at  Time  HT'S  Depth Artesian Flow Found  By whom	(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.
Did any strata contain water not suitable for interest By Whom  Salty Muddy Odor Removed By By Whom  Depth of strata:	WWC Number 1752 Date 1075-05 Signed Emily & Smile
OCT 2 2 2007	

## **HARN 51408**

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID#

Well Identification Tag#

1-10-14

HARN 51408 L 113251

## APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION	1
Name: LAURANCE W ROWLEY	<u> </u>
Mailing Address: 67724 CRANE BUCHANA	v QOAD
City: BURNS State: OREGON	Zip: 97720
Return Well Tag to (if different than mailing address):	· · · · · · · · · · · · · · · · · · ·
WELL LOCATION INFORMATION	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
County: HARNEY Township: 24 North of South circle one) Range:	33 East or West (circle
one), Section: 12 NE 1/4 NE 1/4 Tax Lot #:	
Section: 12 NE 1/4 NE 1/4 Tax Lot #:  LAT N U3.50745 Long E -118.59940  Street Address of Well (if different than mailing address):	SAME
	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11
WELL INFORMATION (Do Not Complete If Well Report is Attacl	hed)
Type of Well (i.e. domestic, irrigat THE ORIGINAL TAG WA)	• Well Constructed:
Well Constructor/Company: Lost.	
Well Depth (in feet): I PUT A NEW TOG	hes):
Landowner Who Had Well Constri	s Constructed (if known):
Bot Mayrange	RECEIVED BY OWRE
<u> </u>	
Other Information:	SALEM, OR

Return to: Oregon Water Resources Department, Janet Halladey, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag