

L 8 1430

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

Harn  
SM429 WELL I.D.# 183515  
START CARD # 183515

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

(1) LAND OWNER Name Tim Clemens Well Number \_\_\_\_\_  
Address 90 W ADAMS  
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 250 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
22	0	20	CONCRETE	0	20	5 YRS
14	20	250				

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

Backfill placed from 20 ft. to 250 ft. Material 3/8 GRAVEL  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel 3/8

Casing:	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
	14	0	250	250	<input checked="" 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"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS  Perforations Method Factory  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
20	250	1/8	5320	14		<input checked="" 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
300	Complete		8

Temperature of water 53° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By who \_\_\_\_\_  
Did any strata contain water not suitable for irrigation?  little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County HAZARD  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_  
Township 23S N or S Range 31E E or W WM  
Section 1 NW 1/4 NW 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Street Address of Well (or nearest address) mile Post 138 Hwy 20 Burns OR 97720

(10) STATIC WATER LEVEL  
30 ft. below land surface. Date 7-15  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30	250	300	30

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
SOIL	0	10	
GRAVEL SMALL BROWN	10	50	WB
YELLOW CLAY WITH GRAVEL	50	250	WB

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FEB 04 2008

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 5-18-07 Completed 7-15-07

(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 1507 Date 8-5-07

Signed RL Wilkin

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APR 09 2008