

HARN

51435

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

WELL LABEL # L 86792

START CARD # 1003123

(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 199 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
<u>12</u>	<u>162</u>	<u>199</u>	<u>existing</u>			

How was seal placed: Method A B C D E

Other existing

Backfill placed from _____ ft to _____ ft. Material _____

Filter pack from _____ ft to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12</u>		<u>158</u>	<u>198</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

<input type="radio"/> Pump	<input checked="" type="radio"/> Bailer	<input checked="" type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>100</u>	<u>1.5</u>	<u>198</u>	<u>1 hr</u>

Temperature 60 °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 25S N/S Range 31E E/W WM
Sec 27 NW 1/4 of the NW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street address of well Nearest address

L5 Lane Hwy 205

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	<u>3-20-08</u>			<u>47.5</u>
Completed Well	<u>3-20-08</u>			<u>47.5</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	<u>existing</u>					

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>existing clay gravel</u>	<u>0</u>	<u>162</u>
	<u>162</u>	<u>199</u>

RECEIVED RECEIVED
MAR 24 2008 APR 06 2008
WATER RESOURCES DEPT WATER RESOURCES DEPT
SALEM OREGON SALEM OREGON

Date Started 3-20-08 Completed 3-20-08

(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 3-21-08

Password : (if filing electronically) _____

Signed [Signature]

Contact Info (optional) _____

HARN 51435

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 86792

START CARD # 1003123

(1) LAND OWNER Owner Well I.D. _____

First Name Jett Last Name Blackburn
 Company _____
 Address 767 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 199 ft.

BORE HOLE			SEAL		sacks/ lbs
Dia	From	To	From	To	
12	162	199	Existing		

How was seal placed: Method A B C D E

Other Existing

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

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"/>	12		158	198	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>						<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 _____ Material _____

Perf/S Casing/ Screen green Liner Dia From To Scrn/slot width Slot length # of slots Tel/ pipe size

Perf/S	Casing/	Screen	green	Liner	Dia	From	To	Scrn/slot	width	Slot	length	# of	slots	Tel/	pipe size

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

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

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Hurney Twp 25S N/S Range 31E E/W WM
 Sec 27 NW 1/4 of the NW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ " or _____ " DMS or DD
 Long _____ ° _____ ' _____ " or _____ " or _____ " DMS or DD
 Street address of well Nearest address

L5 Lane Hwy 205

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	<u>3-20-08</u>			<u>47.5</u>
Completed Well	<u>3-20-08</u>			<u>47.5</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
	Existing					

(11) WELL LOG Ground Elevation _____

Material	From	To
Existing clay gray	0	162
	162	199

RECEIVED

MAR 24 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-20-08 Completed 3-20-08

(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 3-21-08
 Password : (if filing electronically) _____
 Signed _____
 Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT