

HARN  
51436

STATE OF OREGON  
WATER SUPPLY WELL REPORT  
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83202  
START CARD # 100312

(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 150 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
12	133	151	existing			

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

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 checked="" type="checkbox"/>	12		130	150	1.250	<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"/>	<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 green	Casing/ Liner	Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 50 Drawdown 0 Drill stem/Pump depth 1hr Duration (hr) \_\_\_\_\_

Temperature 59 °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 25 S N/S Range 31 E E/W WM  
Sec 27 NE 1/4 of the NW 1/4 Tax Lot 100  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

15 Lane Hwy 205

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	<u>3-19-08</u>			<u>49</u>
Completed Well	<u>3-19-08</u>			<u>49</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

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

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

Material	From	To
existing clay green	0	133
	133	150

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MAR 24 2008 APR 30 2008

WATER RESOURCES DEPT WATER RESOURCES DEPT

SALEM, OREGON SALEM, OREGON

Date Started 3-19-08 Completed 3-19-08

(nonbonded) 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) \_\_\_\_\_

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 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

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

**(8) WELL TESTS: Minimum testing time is 1 hour**  
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 Yield gal/min \_\_\_\_\_ Drawdown \_\_\_\_\_ Drill stem/Pump depth \_\_\_\_\_ Duration (hr) \_\_\_\_\_  
existing

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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 green</u>	<u>0</u>	<u>133</u>

RECEIVED

MAR 24 2008

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 3-19-08 Completed 3-19-08

**(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) \_\_\_\_\_