

HARN 51515

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 94480

START CARD # 199649

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

(1) LAND OWNER Owner Well I.D. _____
 First Name JOE Last Name WILLIAMS
 Company _____
 Address 70785 OLD EXPERIMENT STATION RD.
 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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 270 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
	0	212	SEE ORIGINAL LOG				
			SEAL UNDISTURBED				
20"	212	270					

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

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
	X	12"	+	1	270	.150	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type RESLOC MESS Material STAINLESS STEEL

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
	✓		✓	12	95	110	.1		1	PIPE
					130	150	.1		1	PIPE
					170	190	.1		1	PIPE
					210	230	.1		1	PIPE

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min SUC Drawdown _____ Drill stem/Pump depth 270' Duration (hr) 3 hr

Temperature 56 °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 23 N of S Range 32 E of W. W.M.
 Sec 07 SW 1/4 of the NW 1/4 Tax Lot 1300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 70785 OLD EXPERIMENT STATION RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>12-14-08</u>		-	<u>16</u>
Completed Well	<u>1-21-09</u>		-	<u>16</u>

Flowing Artesian? Yes Dry Hole? Yes

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
SEE ORIGINAL WELL REPORT	0	212
GRAY PUMICE	212	255
GRAY CLAY	255	270

RECEIVED

JAN 22 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 12-14-08 Completed 1-21-09

(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 1739 Date 1-21-09
 Signed Charles Jay

(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 1355 Date 1-21-09
 Signed Arthur J Jay
 Contact Info. (optional) _____