

HARN 51542

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## STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 98099

START CARD # 199657

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name William Last Name JONES  
 Company JANE JONES  
 Address 38420 PALMIND LN  
 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 360 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
16"	0	40	BENTONITE	0	40	58	SCKS
13"	40	205					
10"	205	360					

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
 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
✓		12"	+	2	203	2.50	✓		✓	

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/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 1500 Drawdown 340 Drill stem/Pump depth 172h Duration (hr) \_\_\_\_\_

Temperature 47 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quantity \_\_\_\_\_ (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount \_\_\_\_\_ Units \_\_\_\_\_

APR 20 2009  
 MAR 12 2009

**(9) LOCATION OF WELL (legal description)**  
 County HARNEY Twp 23 N 3 Range 32 W W.M.  
 Sec 15 SE 1/4 of the SE 1/4 Tax Lot 600  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 38420 PALMIND LN.

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>3-03-09</u>			<u>- 25</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
**WATER BEARING ZONES** Depth water was first found 27'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-13-09</u>	<u>27</u>	<u>190</u>	<u>180 gpm</u>			<u>- 25</u>
<u>3-03-09</u>	<u>200</u>	<u>360</u>	<u>2000</u>			<u>- 25</u>

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

Material	From	To
SANDY TOPSOIL	0	3
BROWN SAND	3	22
GRAY LAY. SAND SILTCLAY	22	75
BROWN GREEN CLAY - SAND GRAVEL	75	150
BROWN CLAY - SAND	150	190
SOFT TAN CLAY	190	200
FRAGMENTED BROWN SANDSTONE	200	310
CLAY		
GRAY TUMBLE STONE	310	360

Date Started 2-12-09 Completed 3-03-09

**(unbonded) Water Well Constructor Certification**  
 I certify that the work 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 3-03-09  
 Signed [Signature]

**(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 3-03-09  
 Signed [Signature]  
 Contact Info. (optional) \_\_\_\_\_