

# HARN 51548

STATE OF OREGON

## WATER SUPPLY WELL REPORT

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

WELL LABEL # L 96565

START CARD # 1006259

### (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 475 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
18	0	42	Cement	0	42	12,200	P
14	42	475					

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 type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	245	.250	<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"/>	<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"/>	<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	Scrn/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 50 Drawdown 20 Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 1

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 24 S N/S Range 32.5 E E/W WM  
Sec 30 SW 1/4 of the SW 1/4 Tax Lot 600  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ ° 0' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

64040 HWY 78, BURNS, OR 97720

### (10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>03-16-2009</u>	<u>0</u>	<input checked="" type="checkbox"/>	<u>27</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 27

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>03-16-2009</u>	<u>27</u>	<u>475</u>	<u>500</u>		<input checked="" type="checkbox"/>	<u>27</u>
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

### (11) WELL LOG

Material	From	To
TOPSOIL SANDY LOAM	0	1
CLAY BRN	1	25
CLAY GRAY CAVING	25	37
CLAY GREEN	37	55
SAND BLACK	55	65
CLAY GRAY	65	90
SAND BLACK	90	106
CLAY GRAY	106	183
SAND BLACK	183	197
SILT GREEN	197	230
CLAY GREEN	230	300
SILT STONE BROWN	300	322
CLAY STONE GREEN	322	335
SILT / CLAYSTONE, GREEN	335	460
CLAY GREEN STICKY	460	475

Date Started 02-06-2009 Completed 03-16-2009

### (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 03-24-2009

Password: (if filing electronically) \*\*\*\*\*

Signed [Signature]

Contact info (optional) \_\_\_\_\_

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89