

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51693

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 101624

START CARD # 202973

ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name TRACY Last Name HILL
Company _____
Address 30040 WEAVER SPRINGS RD.
City BURNS State OR Zip 97720

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 152 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	20	BENTONITE	0	20	17	Scks
6"	20	160					

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>		6"	+	3'	95'	.250	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 95'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	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 30 Drawdown 90' Drill stem/Pump depth 1 Duration (hr) _____
Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 26 N of S Range 31 E of W.W.M.
Sec 05 NW 1/4 of the NW 1/4 Tax Lot 1003
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD
BURNS

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>2-24-10</u>		-	<u>41</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 45'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-26-10</u>	<u>45</u>	<u>92</u>	<u>20</u>		-	<u>41</u>
<u>2-24-10</u>	<u>145</u>	<u>160</u>	<u>30</u>			<u>41</u>

(11) WELL LOG Ground Elevation _____

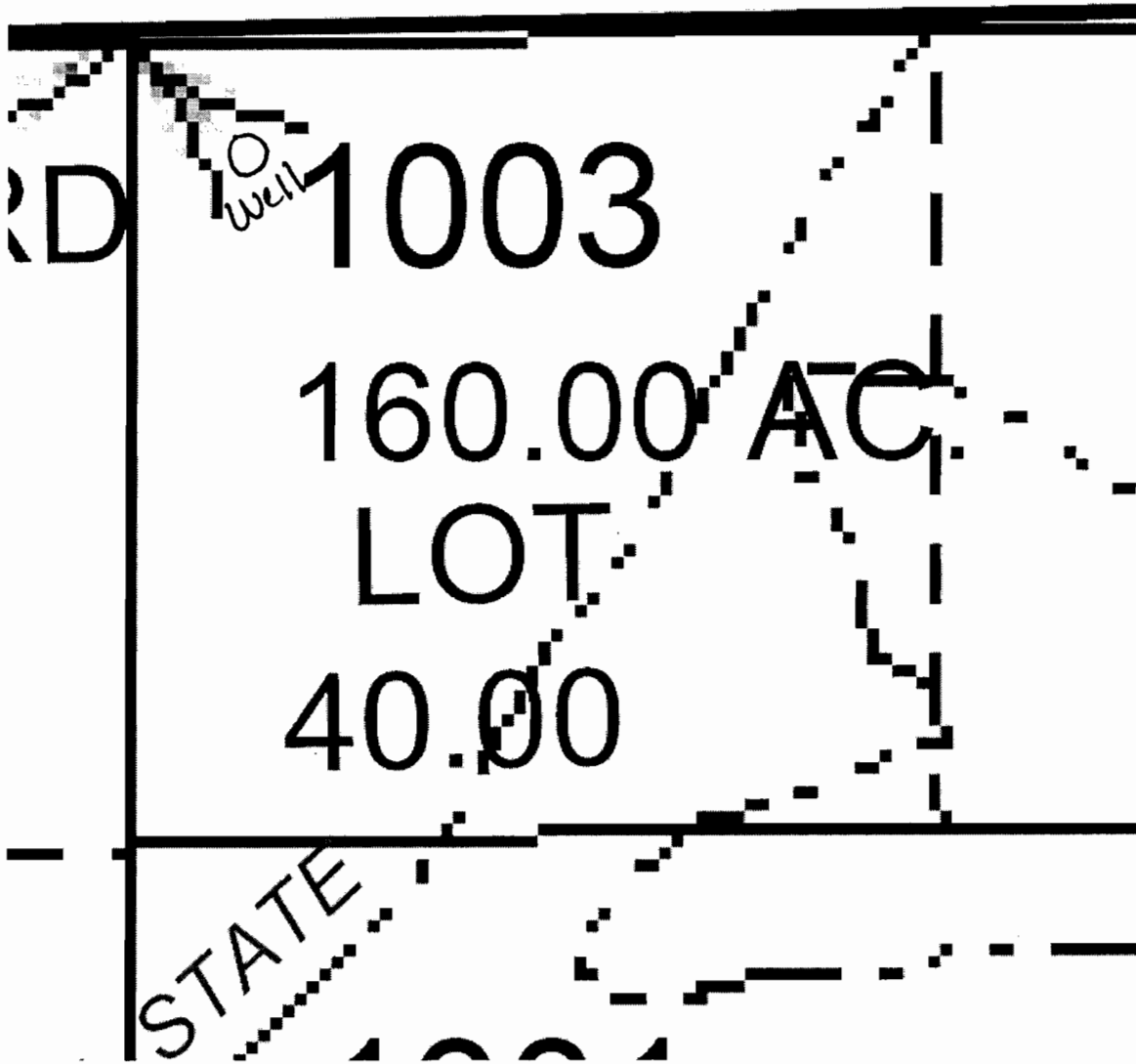
Material	From	To
BROWN SAND	0	12
SANDY BRN. CLAY	12	25
GREEN CLAY	25	45
BLACK SAND/SANDY CLAY	45	92
STICKY GRN CLAY	92	145
BLACK SAND	145	160
BOTTOM 8' FILLED WITH CAVING SAND.		
RECEIVED		
MAR 08 2010		
WATER RESOURCES DEPT		

Date Started 2-18-10 Completed SALEM, OREGON

(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 3-04-10
Signed Anthony 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 3-04-10
Signed Arthur L Jay
Contact Info. (optional) _____

EXEMPT USE WELL LOCATION MAP



Harney County

Assessor Map Reference Number: 26S 31E 5 NWNW; Tax Lot 1003

Street Address of Well, if Available: 30040 Weaver Springs Road, Burns OR.

Well Log # HARN 51693, Well Label (ID Tag) # L 101624. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

PAPER MAP NOT TO SCALE

RECEIVED

APR 14 2010

WATER RESOURCES DEPT
SALEM, OREGON