

# HARN 51696

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 102508

START CARD # 1009662

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name August Last Name Beard  
 Company \_\_\_\_\_  
 Address 67433 Hwy 78  
 City BURNS OR 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 100 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs

How was seal placed, Method  A  B  C  D  E  
 Other Existing  
 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	10"	+	1	100	.250	X		X	

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

**(7) PERFORATIONS/SCREENS**  
 Perforations Method continuous slot  
 Screens Type Roscoe mesh Material stainless steel

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
	X		X	10"	70'	90'	.125	C.S.	1	12"

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>300</u>		<u>100</u>	<u>1</u>

Temperature 50 °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 N or S Range 32 E or W W.M.  
 Sec 4 S.E. 1/4 of the D.W. 1/4 Tax Lot 500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 67433 Hwy 78  
BURNS OR 97720

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>3-16-2010</u>		<u>4</u>	<u>32</u>
Completed Well	<u>3-17-10</u>		<u>1</u>	<u>32</u>

Flowing Artesian?  Yes Dry Hole?  Yes  
**WATER BEARING ZONES** Depth water was first found 32

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-17-10</u>	<u>32</u>	<u>100</u>	<u>500</u>		<u>1</u>	<u>32</u>

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

Material	From	To
<u>Existing well cased from 120 to 84 set liner + screen to 100</u>		

**RECEIVED**

**MAR 25 2010**

**WATER RESOURCES DEPT**

**SALEM, OREGON**

Date Started 3-16-2010 Completed 3-17-2010

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

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 3-23-2010

Signed Timothy K. Pely  
 Contact Info. (optional) \_\_\_\_\_