



STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

03-24-2011

WELL LABEL # L 102537

START CARD # 1012477

(1) LAND OWNER Owner Well I.D. 10" stock well

First Name Joe Last Name Buerman  
Company  
Address PO Box 292  
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 490.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14"	0'	490'	Bentonite Chips	0	19'	20	S
			PACKER @ bottom of 10" casing				

How was seal placed: Method  A  B  C  D  E

Other poured & tamped

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	Plste	Wid	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10		1	20	.250	<input checked="" 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  
reen Liner Dia From To Sem/slot Slot # of Tele/  
width length slots pipe size

Perf/S	Casing/	Screen	reen	Liner	Dia	From	To	Sem/slot	Slot	# of	Tele/
								width	length	slots	pipe size

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20		490	1

Temperature 60 °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 26.00 S N/S Range 30.00 E E/W WM  
Sec 17 NW 1/4 of the NW 1/4 Tax Lot 5200  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

55055 Double O road  
Burns, Or. 97720

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening \_\_\_\_\_

Completed Well 02-24-2011 40

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 40

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-22-2011	40	50	20		40

(11) WELL LOG

Material	From	To	Ground Elevation
Topsoil Sandy Loam	0	2	
Clay Tan	2	22	
Clay Brown	22	60	
Claystone	60	80	
Clay Grey	80	110	
Clay Green	110	179	
Clay Brown	179	250	
Clay Grey	250	490	
material between 194 & 490			
<b>RECEIVED</b>			
MAY 12 2011			
WATER RESOURCES DEPT SALEM OREGON			

Date Started 02-14-2011 Completed 02-24-2011

(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 \_\_\_\_\_

Electronically Filed

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 03-24-2011

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) \_\_\_\_\_