

HARN
51791

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L _____
START CARD # 184792

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

(1) LAND OWNER Well Number _____
Name Gordon Bloomquist
Address 30042 Weaver Spring Rd
City Burns State OR Zip 97720

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 215 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From	To	Material	From	To
<u>18"</u>	<u>0</u>	<u>215</u>	<u>UNSEALED</u>		
			<u>SEE section 12</u>		

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:
Diameter From To Gauge Steel Plastic Welded Threaded
Casing: 12 12 25 250
Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

RECEIVED
JUN 23 2011
WATER RESOURCES DEPT
SALEM, OREGON

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>110</u>	<u>130</u>	<u>3/4"</u>	<u>240</u>	<u>12"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>150</u>	<u>210</u>	<u>3/8"</u>	<u>1440</u>	<u>12"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
1 hr.

Temperature _____ Depth Artesian Flow Found _____
Was a water test conducted? Yes No By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Milky Odor Colored Other _____

Depth of strata: _____
WATER RESOURCES DEPT
SALEM, OREGON
NOV 07 2011

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 26S N or S Range 31E E or W. WM.
Section 13 SW 1/4 NE 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 30042 Weaver Spring Rd Burns OR 97720

(10) STATIC WATER LEVEL:
106 ft. below land surface. Date 6/18/11
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>5</u>	
<u>Sandy clay Brown</u>	<u>5</u>	<u>25</u>	
<u>Black Cinder</u>	<u>25</u>	<u>60</u>	
<u>Brown clay</u>	<u>60</u>	<u>95</u>	
<u>Dark Cinder</u>	<u>95</u>	<u>115</u>	
<u>Green clay</u>	<u>115</u>	<u>150</u>	
<u>Green clay w/ sand</u>	<u>150</u>	<u>195</u>	
<u>GREEN CLAY</u>	<u>195</u>	<u>215</u>	

NO SEAL.
WELL IS NOT COMPLETED
Land owner hired new
contractor (Western Drilling)
to complete well

Date started 3/20/11 Completed 6/20/11

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed B. Duich WWC Number 1882 Date 6/21/11

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed [Signature] WWC Number 1557 Date 6/21/11

HARN 51791

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L _____
 START CARD # 184792

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 Name Gordon Bloomquist
 Address 30042 Weaver Spring Rd
 City Burns State OR Zip 97720

(2) **TYPE OF WORK**
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(3) **DRILL METHOD:**
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 Special Construction approval Yes No Depth of Completed Well 215 ft.
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HOLE			SEAL		
Diameter	From	To	Material	From	To
<u>18"</u>	<u>0</u>	<u>215</u>	<u>UNSEALED</u>		
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How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>12</u>	<u>12</u>	<u>215</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Factory
 Screens Type SLOTS Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>110</u>	<u>130</u>	<u>3/16</u>	<u>240</u>	<u>12"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>150</u>	<u>210</u>	<u>3/8</u>	<u>1440</u>	<u>12"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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Yield gal/min	Drawdown	Drill stem at	Artesian

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) **LOCATION OF WELL by legal description:**
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<u>Sandy clay Brown</u>	<u>5</u>	<u>25</u>	
<u>Black Cinder</u>	<u>25</u>	<u>60</u>	
<u>Brown clay</u>	<u>60</u>	<u>95</u>	
<u>Black Cinder</u>	<u>95</u>	<u>115</u>	
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<u>Green clay w/ sand</u>	<u>150</u>	<u>195</u>	
<u>GREEN CLAY</u>	<u>195</u>	<u>215</u>	

NO SEAL.
WELL IS NOT COMPLETED
Land owner Hired New
Contractor (Western Drilling)
TO complete well

Date started _____ Completed _____

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 Signed B. D. D. D. WWC Number 1882 Date 6/21/11

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 Signed [Signature] WWC Number 1557 Date 6/21/11