

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

MAR 15 1991
 WATER RESOURCES DEP (START CARD) # 26830

10S/4W/2bd

*47ND
1119*

(1) OWNER:
 Name Burnel Harnisch
 Address 31845 Dever-Conner Dr., NE
 City Albany State OR Zip 97321

Well Number: _____

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 42 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18'	cement	0	18'	9 sacks
6"	18'	42'				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:	6"	+12"	37'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			06"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 37'06"

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
29'	37'06"	3/8	36	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 50 gpm Drawdown 2' Drill stem at _____ Time 1 hr.

Temperature of water 53° 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:
 County Linn Latitude _____ Longitude _____
 Township 10 S Nor S. Range 4' W E or W, WM.
 Section 12 SE 1/4 NW 1/4
 Tax Lot 201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
18' ft. below land surface. Date 3-5-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20'	36'	50 gpm	18'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown sandy clay	2	12	
Brown clay & gravel	12	20	
Dirty gravel	20	25	
Brown sand & gravel	25	36	
Brown clay	36	38	
Gray clay	38	42	

Date started 3-1-91 Completed 3-5-91

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ WWC Number _____ Date _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1378 Date 3-6-91