RECEIVED

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AUG 2 7 1998	Harn 50330 WELLID.#L 1,21292
STATE OF OREGUN	60330
Compared WALLUDGED DE	PT. 500 WELLI.D.#L 1.21292 START CARD # 114671
Instructions for completing this report are on the last 02 32 of this form.	SIARI CARD#
(1) OWNER: Well Number	(9) LOCATION OF WELL by legal description:
Name Charles Warwick Address PO Box 12	County Harney Latitude Longitude Township 25S N or S Range 31E E or W. WM.
City Hines State OR Zip97738	Township 25S N or S Range 31E E or W. WM. Section 23 SW 1/4 SW 1/4
(2) TYPE OF WORK	Tax Lot 200 Lct Block Subdivision
New Well Deepening Alteration (repair/recondition) Abandonment (3) DRILL METHOD:	Street Address of Well (or nearest address) Hwy 205
Rotary Air Rotary Mud Cable Auger	(10) STATIC WATER LEVEL:
Other	ft. below land surface. Date8-20-98
(4) PROPOSED USE: Domestic Community Industrial Irrigation	Artesian pressure lb. per square inch. Date (11) WATER BEARING ZONES:
Thermal Injection Livestock Other	(II) WATER BEARING ZONES:
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found 18
Special Construction approval Yes No Depth of Completed Well ft. Explosives used Yes No Type Amount Amount	T
HOLE SEAL	From To Estimated Flow Rate SWL 1.8 2.6 1.5 1.3
Diameter From To Material From To Sacks or pounds	
10 0 30 bentoni 0 18 10 sacks	
	(12) WELL LOG:
How was seal placed: Method A B C D E	Ground Elevation
Backfill placed from ft. to ft. Material	Material From To SWL
Gravel placed from 30 ft. to 18 ft. Size of grave 8 / 8 De a	topsoil sandy loom 0 1
(6) CASING/LINER: Diameter From To Gauge Steel Plastic Welded Threaded	clay brn 1 3
Casing: 6 +1 30 250 🕏 🗆 💢	sand med 3 6 clay brn 6 18
	sand fine brn 18 26 13
	clay grey 26 30 13
Liner:	
Final location of shoe(s)	
Perforations Method <u>factory cut</u>	
Screens Type Material	
From To size Number Diameter size Casing Liner	
18 26 1/8×8 96 6	
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 8-18-98 Completed 8-20-98
	unbonded) Water Well Constructor Certification:
K:Pump Bailer Air Artesian Yield gaVmin Drawdowa Drill stem at Time	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
15 4 25 31 hr. a	Materials used and information reported above are true to the best of my knowledge and belief.
	WWC Number
	gned Date
Was a water analysis done? no Yes By whom	screet responsibility for the construction alteration and and
Did any strata contain water not suitable for intended use? Too little	erformed on this well during the construction dates reported above. All work erformed during this time is in compliance with Oregon water supply well onstruction standards. This report is true to the best of my knowledge and belief.
Salty Muddy Odor Colored Other Depth of strata:	
•	igned Tenerally Kelly WWC Number 1424 Date 8-24-98
ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECO	ND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

HARN 52108

Revisions Requested

WELL LABEL # L 92409 START CARD # 1848/3

Instructions for completing this report are on the last page of this form.	
(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name DAUL Last Name CLARK	County HARM Twp 255 Nor S Range 31 E For W W.M.
Company Address POB - Horres OR City Hines State OR Zip 97738	Sec 23 SW 1/4 of the SW 1/4 Tax Lot
City Hinys State OR Zip 97738	Tax Map Number Lot
(2) TYPE OF WORK New Well Deepening Conversion	Tax Map Number Lot Lat ° ' " or _ DMS or DD Long ° ' " or _ DMS or DD
Alteration (repair/recondition)	Long o DMS or DD
(A) DDW A METWOD	Street Address of Well (or nearest address) 32635 Ruk Rub LAne Buns on 9776
(3) DRILL METHOD ☐ Rotary Air ☐ Rotary Mud ☐ Gable ☐ Auger ☐ Cable Mud	Rux Red LANE BURS OR 9776
Reverse Rotary Other	
	(10) STATIC WATER LEVEL Date SWL(psi) + SWL (ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well/Predeepening SwE(tt)
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other	Completed Well 20
	Flowing Artesian? Yes Dry Hole? Yes
(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)	WATER BEARING ZONES Depth water was first found
Depth of Completed Well 50 ft.	SWL Date From To Est Flow SWL (psi) + SWL (ft)
BORE HOLE SEAL	8-1-14 10 50 5
Dia From To Material From To Amount Soksabs	
10 0 20 DENAMT 0 20 10	
How was seadplaced: Method	(11) WELL LOG Ground Elevation
Dother Pour a DRY	Material From To
Backfill placed from ft. to ft. Material	Brown SANC 0 50
Filter pack fromft. toft. MaterialSize	
Explosives used: Yes Type Amount	
Z(O, CASING/LINED	
Cong Linr Dia + From To Gauge Steel Plastic Welded Thrd	RECEIVED BY OWRD
7 6 × 1 50 250 × 9	- ON OWND
	CED A B corr
	SEP () 3 2014
	SALEM, OR
Shoe Inside Outside Other Location of shoe(s)	, 011
Temporary casing Yes Diameter From To	
(7) PERFORATIONS/SCREENS Perforations Method FALLING	Date Started 8-1-14 Completed 8-1-14
Screens Type 5(0+5 Material	(unbonded) Water Well Constructor Certification
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I certify that the work I performed on the construction, deepening, alteration, or
Screen Screen Tele/ Slot # of pipe	abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to
Perf Scrn Csng Linr Dia From To width length slots size	the best of my knowledge and belief.
X 30 50	
	License Number Date
	Signed
(A) MAIN A TOPOGOGO AND A	
(8) WELL TESTS: Minimum testing time is 1 hour □ Pump □ Bailer □ Air □ Flowing Artesian	(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
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	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
	supply well construction standards. This report is true to the best of my knowledge and belief. License Number 1652 Date 9-1-14 Signed Wur Contact Info. (optional)
Temperature °F Lab analysis	License Number 15 2 Date 2-1-19
Water quality concerns? Yes (describe below)	20 Mlde
From To Description Amount Units	Signed OV Con
	Contact Info. (optional)