

STATE OF OREGON
WATER SUPPLY WELL REPORT

JUN 13 2013

(as required by ORS 537.765)

#1

WELL I.D. # L 59180
START CARD # 155544

Instructions for completing this report are on the back of this form.

(1) LAND OWNER: Rickman
Name: Steve
Address: 69773 Old Experiment 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 160 ft. Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	20	cement	0	20	3 yards
24	20	31				
22	31	160				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 160 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 24	+1	31	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14	+1.5	160	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Wedgewire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	120	.125		14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
150	10'		1 hr.

Temperature of water 59° Depth Artesian Flow Found _____
Was a water analysis done NO 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 Harney Latitude _____ Longitude _____
Township 23S N or S Range 32E E or W. WM.
Section 18 NW 1/4 NE 1/4
Tax Lot 2500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Old Experiment Rd.

(10) STATIC WATER LEVEL: _____ ft. below land surface. Date 2-21-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	120	800	15

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil	0	1	
clay brn	1	9	
sand/clay	9	13	
clay brn	13	28	
clay grey	28	38	15
clay sand grey	38	49	15
gravel med sand	49	57	15
clay grey sand	57	67	15
gravel med	67	80	15
sand blk fine	80	120	15
clay grey	120	160	15

RECEIVED

FEB 27 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-11-03 Completed 2-21-03

(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 _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Timothy K. Pely WWC Number 1424 Date 2-24-03

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

RECEIVED
MAR 25 1963
STATE ENGINEER
SALEM, OREGON

WATER WELL REPORT
STATE OF OREGON
(Please type or print)

State Well No. 23/32-18 D(2)
State Permit No. _____

(1) OWNER:

Name Elton Jackson
Address Winchester Oregon

(2) LOCATION OF WELL:

County HARNEY Driller's well number _____
NW 1/4 NW 1/4 Section 18 T. 23 R. 32 W.M.
Bearing and distance from section or subdivision corner _____

well repair on well with permit AIR PORT RANCH BURNS OREGON.

(3) TYPE OF WORK (check):

Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:

Threaded Welded
16" Diam. from -1 ft. to 160 ft. Gage 4"
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No
Type of perforator used _____
Size of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(8) SCREENS:

Well screen installed Yes No
Manufacturer's Name _____ Model No. _____
Diam. Slot size Set from _____ ft. to _____ ft.
Diam. Slot size Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal None
Depth of seal _____ ft. Was a packer used? _____
Diameter of well bore to bottom of seal _____ in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Was well gravel packed? Yes No Size of gravel: 1/4"
Gravel placed from 8' ft. to 170' ft.
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:

Static level 20' ft. below land surface Date 2-26-62
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
"PERMANENT PUMP INSTALLED"
"PUMPING" 1000 G.P.M.
Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 68° Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 14" Dia
Depth drilled 170' ft. Depth of completed well FULL GRAVEL
Formation: Describe by color, character, size of material and structure and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
TOP SOIL SANDY	0	4
CLAY	4	8
VOID LARGE	8	26
CLAY BLACK	26	60
VOID	60	77
CLAY SANDY	77	160
VOID	160	170

Two Casings installed to Gravel pack through Cannot seal top void too large. Concrete platform & seal to be put in later full of Gravel at present.

Work started 1-15 1963 Completed 2-15 1963
Date well drilling machine moved off of well _____ 1963

(13) PUMP:

JUN 13 2013
Manufacturer's Name _____ H.P. _____
Type: _____
Water Well Contractor's Certification: SALEM, OR
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME Halloway Drilling Co.
(Person, firm or corporation) (Type or print)
Address ONTARIO ORE
Drilling Machine Operator's License No. 102
[Signed] Max Halloway
(Water Well Contractor)
Contractor's License No. 16 Date 3-27, 1963.

#3

STATE OF OREGON WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)

02-04-2010

WELL LABEL # L 102505

START CARD # 1009225

(1) LAND OWNER Owner Well I.D. Hay Sheds Experiment

First Name ANDY Last Name ROOT Company ACW Address 524 N HYW 20 City Burns State OR Zip 97720

(2) TYPE OF WORK [X] New Well [X] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/ Commercial [] Livestock [] Dewatering [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy) Depth of Completed Well 410.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 12, 288, 410, [], [], [], [], []

How was seal placed: Method [] A [] B [] C [] D [] E

[] Other

Backfill placed from [] ft. to [] ft. Material []

Filter pack from [] ft. to [] ft. Material [] Size []

Explosives used: [] Yes Type [] Amount []

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes graphical representation of casing and liner sections.

Shoe [] Inside [] Outside [] Other Location of shoe(s) []

Temp casing [] Yes Dia [] From [] To []

(7) PERFORATIONS/SCREENS

Perforations Method []

Screens Type [] Material []

Table with columns: Perf/S casing/ Screen, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tele/ pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

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

Table with 4 columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 500, [], 400, 1

Temperature 59 °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 23.00 S N/S Range 32.00 E E/W WM Sec 18 NE 1/4 of the NW 1/4 Tax Lot 2500

69773 OLD EXPERIMENT STATION RD.

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Existing Well / Predeepening 04-20-2005 17.5 Completed Well 01-08-2010 19

WATER BEARING ZONES Depth water was first found 19

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 01-08-2010, 288, 410, 1,000, [], 19

(11) WELL LOG

Table with columns: Material, From, To. Includes text: RECEIVED BY OWRD JUN 13 2013 SALEM, OR

Date Started 01-08-2010 Completed 01-09-2010

(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.

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.

License Number 1424 Date 02-04-2010 Electronically Filed [] Signed TIMOTHY K RILEY (E-filed) Contact Info (optional) []

1011615

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

HARN RECEIVED

51157

APR 25 2005

New Well #3

WELL ID. # L 176576

START CARD # 171212

Instructions for completing this report are on the back of this form.

WATER RESOURCES DEPT
OREGON

(1) LAND OWNER Well Number _____
Name Steve & Kristi Fishman
Address 69773 Old Experiment Rd
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 298 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Suchs or Pounds
28	0	36	concrete	36	18	6 yards
24	36	40	basaltite	18	0	35 sacks
22	40	261				
12	261	288				

How was seal placed: Method A B C D E
 Other concrete and basaltite around dry and tamped

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 261 ft. to 0 ft. Size of gravel 3/8 pan

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 24	+1	40	.298	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14	+2	261	.298	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type WIRE WOUND Material stainless

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
176	298	.125	continuous	14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stems at	Time
60	4		

Temperature of water 60 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 Oily Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Harney
Tax Lot 2500 Lot _____
Township 238 N or S Range 32E E or W WM
Section 18 NE 1/4 MW 1/4

Lat _____ or _____ (degrees or decimal)
Long _____ or _____ (degrees or decimal)

Street Address of Well (or nearest address) 69773 Old Experiment Rd

(10) STATIC WATER LEVEL
17.5 ft. below land surface. Date 4-20-05
_____ ft. below land surface. Date _____
Artesian pressure: _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 29

From	To	Estimated Flow Rate	SWL
29	298	1000	17.5

(12) WELL LOG

Material	From	To	SWL
topsoil silty loam	0	2	
clay blk	2	10	
clay brn	10	20	
sand clay gravel	20	39	17.5
clay grey	39	60	17.5
sand coarse	60	66	17.5
clay brn	66	62	17.5
sand fine blk	62	84	17.5
clay grey	84	89	17.5
sand fine with coarse	89	109	17.5
clay grey sand	109	180	17.5
gravel med	180	185	17.5
sand grey	185	190	17.5
clay gravel	190	200	17.5
sand fine gravel med	200	225	17.5
granite grey	225	299	17.5

Date Started 4-4-05 Completed 4-20-05

(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.

WWC 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.

WWC Number 1424 Date 4-21-05
Signed Timothy K. Rieby

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - DISTRICT

JUN 13 2013

SALEM, OR

1011615

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

03-27-2011

WELL LABEL # L 102539

START CARD # 1012678

AA

(1) LAND OWNER Owner Well I.D. 10" irrigation airport

First Name Andy Last Name Root
Company ACW
Address PO Box 3
City Burns State Or Zip 97720

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 185.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes data for Cement seal at 0-30 ft depth.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured and tamped

Backfill placed from ___ ft. to ___ ft. Material

Filter pack from ___ ft. to ___ ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes data for 10" casing from 2 to 160 ft depth.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel./pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes data for 400 gal/min yield at 140 ft depth.

Temperature 57 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Harney Twp 23.00 S N/S Range 32.00 E E/W WM
Sec 18 NW 1/4 of the NW 1/4 Tax Lot 2500
Tax Map Number Lot
Lat 0 " or DMS or DD
Long 0 " or DMS or DD
[] Street address of well [X] Nearest address
69772 Old Experiment Station Road
Burns, OR. 97720

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Includes data for Existing Well / Predeepening and Completed Well (03-25-2011, 29 ft).

WATER BEARING ZONES

Table with columns: SWL, Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes data for 03-25-2011, 29-185 ft depth, 600 psi, 29 ft SWL.

(11) WELL LOG

Table with columns: Material, From, To. Includes entries for Fill rock, Clay black, Clay brown, Clay silt black, Clay gravel, Clay sand gravel, Sand fine black, Clay grey. Includes 'RECEIVED BY OWRD' and 'RECEIVED JUN 13 2013' stamps.

Date Started 03-22-2011 Completed 03-25-2011

(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 03-27-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

1011615