

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

CROO
 3024

RECEIVED
 JUN 27 1994

14S/14E/27C
 (START CARD) # 63967

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

(1) OWNER:

Name TED HULL - Broken Rim Ranch
 Address Rt. 1, Box 107
 City Redmond State OR. Zip 97256

Well Number W-27305

(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 0 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	55	-0-			-0-

How was seal placed: Method A B C D E
 Other WATER MASTER SAID NOT TO SEAL
 Backfill placed from 0 ft. to _____ ft. Material _____
 Gravel placed from 0 ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method -0-

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
<u>-0-</u>			1 hr.

Temperature of water 0 Depth Artesian Flow Found 0
 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 CROOK Latitude _____ Longitude _____
 Township 14S N or S Range 14E E or W. WM.
 Section 27 N.E. 1/4 S.W 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

10' ft. below land surface. Date 4-27-94
 Artesian pressure 0 lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
<u>-0-</u>	<u>-0-</u>		
<u>UNKNOWN</u>			

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>"SEAL AREA ONLY"</u>			
<u>TOP SOIL</u>	<u>0</u>	<u>6</u>	<u>10'</u>
<u>BROWN SANDY CLAY</u>	<u>6</u>	<u>25</u>	<u>"</u>
<u>MED. GRAVEL w/B</u>	<u>25</u>	<u>55</u>	<u>"</u>

Date started 4-24-94 Completed 4-27-94

(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 Bill Rip WWC Number 1555
 Date 6-22-94

(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 Curt Clavum WWC Number 741
 Date 6-22-94