

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

(1) **LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Ted Last Name HULL  
 Company \_\_\_\_\_  
 Address 15334 NE Oncil Hwy  
 City Redmond State OR Zip 97756

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

(3) **DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) **PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) **BORE HOLE CONSTRUCTION** Special Standard:  Yes (attach copy)  
 Depth of Completed Well 350 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
<u>18</u>	<u>0</u>	<u>18 1/2</u>	<u>Bentonite</u>	<u>0</u>	<u>18 1/2</u>	<u>39</u>	<u>Scks</u>
<u>14</u>	<u>18 1/2</u>	<u>350</u>					

How was seal placed: Method  A  B  C  D  E

Other powered Dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) **CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14	+	1 1/2	18 1/2	.250	X			
	X	10	+	1	350	.250	Y		Y	

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) **PERFORATIONS/SCREENS**  
 Perforations Method MECH

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Te/pipe size
X			Y		290	350	1/8	3	1050	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>500+</u>	<u>0</u>	<u>-343</u>	<u>1hr</u>

Temperature 52 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) **LOCATION OF WELL (legal description)**  
 County CROOK Twp 14S N or S Range 14E E or W W.M.  
 Sec 27 SW 1/4 of the NW 1/4 Tax Lot 100  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 15334 Oncil

(10) **STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>1-19-08</u>			<u>-235</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 250

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1-19-08</u>	<u>240</u>	<u>350</u>	<u>500+</u>			<u>-235</u>

(11) **WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
<u>TOP Soil &amp; Cabbles</u>	<u>0</u>	<u>6</u>
<u>Pumice</u>	<u>6</u>	<u>12</u>
<u>GRAY LAVA</u>	<u>12</u>	<u>31</u>
<u>Brn Sand</u>	<u>31</u>	<u>65</u>
<u>Brkn Brn Rock</u>	<u>65</u>	<u>119</u>
<u>Fract gray LAVA</u>	<u>119</u>	<u>140</u>
<u>BLK SS</u>	<u>140</u>	<u>235</u>
<u>Brn Congl</u>	<u>235</u>	<u>350</u>

Date Started 1-14-08 Completed 1-19-08

(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 \_\_\_\_\_

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 1568 Date 1-19-08

Signed Daniel J. Kuhn  
 Contact Info. (optional) \_\_\_\_\_

