

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

NOV 23 1988

(START CARD) # 5233

(1) OWNER: Well Number: _____
 Name Doug Stills
 Address PO Box 247
 City Culver, State Ore, Zip 97134

(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 90 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	bentonite	0	18'	350 lbs
6"	18	90				

How was seal placed: Method A B C D E
 Other dry bentonite
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1	70'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 70'

(7) PERFORATIONS/SCREENS:
 Perforations Method factory cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	70	3x1/8	120		6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 20 Drawdown 3' Drill stem at _____ Time 1 hr.

Temperature of water 54 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 Harney Latitude _____ Longitude _____
 Township 25 S N or S, Range 30 E E or W, WM.
 Section 27 S W 1/4 N E 1/4
 Tax Lot 3900 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 25 miles S of Burns on Weaver Springs rd.

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 10-21-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	70'	25 gpm	27'

(12) WELL LOG: Ground elevation 4150

Material	From	To	SWL
Soil	0	10	0
Sandstone	10	25	0
Clay, green to blue	25	40	0
Sandstone w/ blue clay	40	62	0
Cinders, black & red	62	70	27

Date started 10-20-88 Completed 10-21-88

(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.
 WWC Number _____
 Signed _____ 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.
 WWC Number 1254
 Signed Harold Woodruff Date 11-10-88