

harn 50201

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RECEIVED well ID L013800

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

SEP 25 1997 (START CARD) # 98353

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

(1) OWNER: Name Walter Mc caley estate, Address PO Box 95, City Burns, State OR 97720

(2) TYPE OF WORK: [X] New Well, [ ] Deepening, [ ] Alteration, [ ] Abandonment

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

(4) PROPOSED USE: [ ] Domestic, [ ] Community, [ ] Industrial, [X] Irrigation, [ ] Thermal, [ ] Injection, [ ] Livestock, [ ] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No, Depth of Completed Well 577 ft.

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Rows show seal material (POR CPM) and dimensions.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E. Backfill placed from 0 ft. to 24 ft. Material POR CPM. Gravel placed from 24 ft. to 218 ft. Size of gravel 71 Sacks.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Shows casing and liner details.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes a diagonal line through the table.

(8) WELL TESTS: Minimum testing time is 1 hour. Pump yield 1500 gal/min, Drawdown 65', Time 7 hr. Temperature of water 57°.

LOCATION OF WELL by legal description: SALEM, OREGON. Township 24 S, Range 33 E, Section 14 SE 1/4 NW 1/4. Tax lot 300.

(10) STATIC WATER LEVEL: 40 ft. below land surface. Date 9/19/97. Artesian pressure lb. per square inch.

(11) WATER BEARING ZONES: Depth at which water was first found 24 Feet.

Table with columns: From, To, Estimated Flow Rate, SWL. Shows flow rates at different depths.

(12) WELL LOG: Ground Elevation

Well Log Table with columns: Material, From, To, SWL. Lists soil layers like Brown Clay, Green sand stone, etc.

Date started 9-11-97, Completed 8-19-97

(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.

Signed [Signature] WWC Number 1663, Date 9-19-97

(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.

Signed [Signature] WWC Number 544, Date 9-19-97

harn 50201

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

SEP 26 1997 (START CARD) # 98353

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

WATER RESOURCES DEPT.

(1) OWNER: Well Number \_\_\_\_\_

Name Walter McEwen
Address PO Box 95
City Burns State OR Zip 97720

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

(3) DRILL METHOD:
[X] 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 \_\_\_\_\_ ft.
Explosives used [ ] Yes [ ] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[ ] Other
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Tele/pipe size, Casing, Liner

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

Table for well tests with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem at, Time

Temperature of water \_\_\_\_\_ 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 \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W. WM.
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:
Depth at which water was first found \_\_\_\_\_

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground Elevation \_\_\_\_\_

Table for well log with columns: Material, From, To, SWL

Date started \_\_\_\_\_ Completed \_\_\_\_\_

(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 Anthony Bowman WWC Number 1663 Date 9-19-97

(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 Gary Bunch WWC Number 544 Date 9-19-97