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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L21287
START CARD # 114661

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

(1) OWNER:

Name Mike Stills Well Number _____
Address P.O. Box 987
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 220 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
26	0	19	Bentonite	0	19	32 sacks
22	19	75				
14	75	220				

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

☒ Other poured dry and tamped

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from 75 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	22	+1	20	250	☒	☐	☐	☐
	14	+1.5	120	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
		☒ Perforations		☐ Screens			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	120	1/8x3	4480	14		☒	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
580	60		1 hr.

Temperature of water 60 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 25S N or S Range 31E E or W. WM.
Section 30 SE 1/4 SW 1/4
Tax Lot 6400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Weaver Springs RD

(10) STATIC WATER LEVEL:

46 ft. below land surface. Date 6-12-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 46

From	To	Estimated Flow Rate	SWL
46	115	600	46

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	1.5	
clay brn	1.5	3	
clay/sand, brn	3	23	
sand/gravel	23	45	
gravel/sand	45	75	46
sand fine brn	75	95	46
clay & sand	95	106	46
sand, fine, med	106	115	46
clay, yellow	115	122	46
clay green	122	134	46
clay blue/claystone	134	150	46
clay green	150	220	46

Date started 5-27-98 Completed 6-12-98

(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.

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

WWC Number 1424

Signed Timothy K. Riley Date 6-15-98