

harm
50315

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

WELL I.D. # L 21288
START CARD # 114662

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

(1) OWNER: Well Number pivot 6
Name HR Vloedman
Address HC 71 Box 213
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 275 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | Sacks or pounds |
| 26 | 0 | 20 | bentonite | 0 | 20 | 30 sacks |
| 22 | 20 | 130 | | | | |
| 14 | 130 | 275 | | | | |

How was seal placed: Method A B C D E
 Other pooured dry and tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 130 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: | 22 | +1 | 30 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | 14 | +1.5 | 140 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory cut
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 30 | 130 | 1/8x3 | 5600 | 14 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 100 | 0 | | 1 hr. |

Temperature of water 58 Depth Artesian Flow Found _____
Flowing Artesian Bailer Air Pump
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 26S N or S Range 30E E or W. WM.
Section 1 SW 1/4 SE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Weavers Springs Rd

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 7-2-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 28

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 28 | 130 | 850 | 18 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|------------------------|------|-----|-----|
| sand fine brn | 0 | 8 | |
| clay brn | 8 | 20 | |
| clay green | 20 | 28 | 18 |
| cinders blk (Caving) | 28 | 55 | 18 |
| clay grey | 55 | 77 | 18 |
| sand blk fine | 77 | 105 | 18 |
| clay grey sand streaks | 105 | 130 | 18 |
| clay grey | 130 | 248 | 18 |
| cinders grey | 248 | 252 | 18 |
| clay green | 252 | 275 | 18 |

Date started 6-16-98 Completed 7-2-98

(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 _____
Signed Timothy K. Rife Date _____

RECEIVED
JUL 10 1998
WATER RESOURCES DEPT.
SALEM, OREGON