

RECEIVED

WELL I.D.#

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

NOV 12 1998

(START CARD) # 626595

harn
50359

WATER RESOURCES DEPT.
SALMON, OREGON

(1) OWNER:
Name Carpenter Ranch
Address P.O. Box 667
City Burns State Ore Zip 97720

Well Number 626595

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 25 N of 31 Range W. WM.
Section 34 SW 1/4 SW 1/4
Tax Lot 5700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Weaver Springs Rd.

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 10-29-98
Artesian pressure _____ lb. per square inch. Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other Test

(11) WATER BEARING ZONES:
Depth at which water was first found 55

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 145 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
<u>55</u>	<u>96</u>	<u>1000+</u>	<u>28</u>
<u>130</u>	<u>145</u>	<u>500+</u>	<u>28</u>

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>12</u>	<u>0</u>	<u>100</u>	<u>Benton</u>	<u>42</u>	<u>0</u>	<u>53 Sae</u>
<u>12</u>	<u>100</u>	<u>145</u>				

(12) WELL LOG:
Ground Elevation _____

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

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>6</u>	<u> </u>
<u>Brown Sand</u>	<u>6</u>	<u>17</u>	<u> </u>
<u>Brown Clay</u>	<u>17</u>	<u>55</u>	<u> </u>
<u>Gray Sand Stone</u> (w/B)	<u>55</u>	<u>96</u>	<u>28</u>
<u>Blue Clay</u>	<u>96</u>	<u>130</u>	<u>28</u>
<u>Gray Sand Stone</u> (w/B)	<u>130</u>	<u>145</u>	<u>28</u>

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>12</u>	<u>+2</u>	<u>100</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date started 10-28-98 Completed 10-29-98

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>60</u>	<u>100</u>	<u>.125</u>	<u>100</u>	<u>12</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(unbonded) Water Well Constructor Certification:

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1500+ Drawdown 52' Drill stem at 80 Time 1 hr.

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.

Temperature of water 54 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: _____

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.

Signed Ronald H. Head WWC Number 1521 Date 10-29-98