

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

WELL I.D. # L L 39250  
START CARD # 130099

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Herb 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 280 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	18	bentonit	0	18	30 sacks
24	18	65				
14	65	280				

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 \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	24	+1	25'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	14	+1.5	109'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method factory cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	90	1/8x3	3	39	20 1/4	<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	2		1 hr.

Temperature of water 55 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 26S N or S Range 31E E or W. WM.  
Section 5 SW 1/4 NW 1/4  
Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Weaver Springs Rd

(10) STATIC WATER LEVEL:  
19 ft. below land surface. Date 3-26-01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	260	1000	19

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

Material	From	To	SWL
sandy topsoil	0	10	
clay brn	10	20	
clay gray	20	30	
cinders blk caving	30	42	19
clay grey	42	65	19
sand blk fine	65	92	19
clay grey	92	150	19
clay grey	150	190	19
clay blk	190	210	19
clay green	210	240	19
claystone green	240	243	19
sand coarse	243	247	19
claystone	247	251	19
sand coar	251	260	19
clay green	260	280	19

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APR 06 2001

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 3-6-01 Completed 3-26-01

(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.  
WVC 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.  
WVC Number 1424  
Signed James K. Rely Date 3-30-01