

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

WELL I.D. # L 38709
 START CARD # 10938

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

(1) OWNER: Well Number _____
 Name Herb Davis
 Address HC 72 Box 15
 City Princeton State Ore Zip 97721

(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 105 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	30	Ben Tan	0	30	12.5 Sac
12	30	175				-

How was seal placed: Method A B C D E
 Other Air Eject
 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: 12	+1	139	240	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
/							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
500	155	175	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? No Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 26 S N or S Range 33 E E or W. WM.
 Section 27 SW 1/4 5 E 1/4
 Tax Lot 608 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) #1 Diamond
South Rd Princeton Ore 97721

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 9-28-01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 58'

From	To	Estimated Flow Rate	SWL
58	67	300	20
80	160	300	
170	175	200	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP Soil	0	6	
Brown Sand	6	23	
Hard Grey Basalt	23	58	
Ureecular Brown Basalt w/ Brown Clay	58	67	20
White Clay Stone	67	80	20
Grey Sand w/ Seams of Blue Clay	80	160	20
Brown Basalt	160	170	20
Heavy Fractured Ureecular Basalt + Sand Stone	170	175	20

Date started 9-25-01 Completed 9-27-01

(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.
 Signed _____ WWC Number _____ 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 Donald H. Reed WWC Number 1521 Date 9-28-01