

**STATE OF OREGON**  
**WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 21466

START CARD # 147054

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

**(1) LAND OWNER** Well Number DVESENBURG  
Name SO. SILVER CREEK RANCH C/O DENNY LAND & CATTLE  
Address P.O. BOX 219  
City BURNEY State CA Zip 96013

**(9) LOCATION OF WELL by legal description:**  
County HARNEY Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 24S N or S Range 27E E or W. WM. \_\_\_\_\_  
Section 15 SW 1/4 SW 1/4 \_\_\_\_\_  
Tax Lot 300 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SO. SILVER CRK RANCH  
RILEY, OR

**(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 221 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	50+	Cement	0	50	38 sks

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

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				SEE #12	<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"/>

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Artesian

Yield gal/min	Drawdown	Drill stem at	Flowing Time
1000+		60	1 hr.

Temperature of water 56°F Depth Artesian Flow Found \_\_\_\_\_  
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: \_\_\_\_\_

**(10) STATIC WATER LEVEL:**  
31 ft. below land surface. Date 04/01/02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
/			

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

Material	From	To	SWL
Existing 16" casing & seal not disturbed			31'
14" inner casing to 100' (EXISTS)			
14" casing cemented in place			
w/38 sks.	0	50	

RECEIVED

APR 10 2002

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 04/01/02 Completed 04/02/02

**(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 Mel Bigsby WWC Number 1492 Date 04/02/02

**(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 [Signature] WWC Number 573 Date 04/02/02