

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

Amendment

WELL I.D. # L 41943
START CARD # 131843

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

(1) OWNER: Joshua Nelson Well Number _____
Name Van Fox

Address 375 Taylor Ln.
City Burns State OR Zip 97710

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>24"</u>	<u>0</u>	<u>20</u>	<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>45</u>	
<u>16"</u>	<u>20</u>	<u>420</u>					

How was seal placed: Method A B C D E
 Other Drilled

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: <u>16"</u>	<u>+1</u>	<u>420</u>	<u>250</u>	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

<input checked="" type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian Time
<u>800</u>	<u>20'</u>	<u>77'</u>	<u>5</u> 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: 9.5

(9) LOCATION OF WELL by legal description:
County Wagon Latitude _____ Longitude _____
Township 24 N or S Range 32 1/2 E or W. WM.
Section 20 SE 1/4 NE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 375 Taylor Ln.

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

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

From	To	Estimated Flow Rate	SWL
<u>375'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Clay</u>	<u>3</u>	<u>37</u>	
<u>Gray Clay</u>	<u>37</u>	<u>105</u>	
<u>Silt</u>	<u>105</u>	<u>170</u>	
<u>Gray clay</u>	<u>170</u>	<u>325</u>	<u>20'</u>
<u>Sand & Gravel</u>	<u>325</u>	<u>420</u>	

RECEIVED

FEB 07 2003

RECEIVED

APR 17 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02

(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.

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.

WWC Number 1752 Date 4-14-02

Signed Kenneth C. Smith

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

WELL I.D. # L 41943
 START CARD # 131843

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

(1) OWNER: Well Number _____
 Name Vern Car
 Address 37518 Taylor Ln.
 City Burns State Or Zip 97710

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

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
<u>7 1/2"</u>	<u>0</u>	<u>20</u>	<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>45</u>
<u>16"</u>	<u>20</u>	<u>420</u>				

How was seal placed: Method A B C D E
 Other Drained
 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: <u>16"</u>	<u>0</u>	<u>420</u>	<u>1.315</u>	<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"/>

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 Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>800</u>	<u>20'</u>	<u>77'</u>	<u>5</u>

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: 9.5

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 24 N or S Range 32 1/2 E or W. WM.
 Section 26 SE 1/4 NE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 37518 Taylor Ln.

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>375'</u>	<u>420'</u>	<u>800</u>	<u>20</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Clay</u>	<u>3</u>	<u>37</u>	
<u>Gray Clay</u>	<u>37</u>	<u>65</u>	
<u>Silt</u>	<u>65</u>	<u>170</u>	
<u>Gray clay</u>	<u>170</u>	<u>325</u>	<u>20'</u>
<u>Sand & Gravel</u>	<u>325</u>	<u>420</u>	

RECEIVED
APR 17 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-16-02 Completed 3-31-02
 (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.

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 1752
 Signed Kenneth D. Smith Date 4-14-02