

STATE OF OREGON  
WATER SUPPLY WELL REPORT

WELL I.D. # L 51747  
START CARD # 144604

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

(1) LAND OWNER Well Number #4-3  
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 183 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	18	cement	0	18	1.5 yards
24	18	90				
22	90	183				

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 183 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	24	+1	40	260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	16	+1.5	183		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:  
 Perforations Method factory cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	140	1/8 x 3	2720	16		<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	180	1/8 x 3	600	16		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing  Artesian  
Yield gal/min 50 Drawdown 2' Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 58° 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 26 S N or S Range 30 E E or W. WM.  
Section 2 NW 1/4 NE 1/4  
Tax Lot 300 of \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Weaver Springs Rd

(10) STATIC WATER LEVEL:  
52 ft. below land surface. Date 6-21-02  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
52	180	1000	52

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

Material	From	To	SWL
Sandy loam	0	3	
Sand cinders	3	12	
clay grey	12	25	
cinders brn	25	72	52
sand blk casing	72	85	52
Sand cinders casing	85	89	52
clay grey	89	110	52
cinders blk	110	133	52
sand cinders	133	180	52
clay grey	180	183	52

RECEIVED  
JUL 05 2002  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 6-12-02 Completed 6-21-02

(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 1424  
Signed Timothy K. Ritz Date 6-30-02