

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

WELL I.D. # L 159180
 START CARD # 155544

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

(1) LAND OWNER
 Name Steve Rickman Well Number _____
 Address 69773 Old Experiment Rd
 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 160 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
28	0	20	cement	0	20	3 yards
24	20	31				
22	31	160				

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 160 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 24	+1	31	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14	+1.5	160	.250	<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 _____
 Screens Type Wedgewire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	120	.125		14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 150 Drawdown 10' Drill stem at _____ Time 1 hr.

Temperature of water 59° 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 23S N or S Range 32E E or W. WM.
 Section 18 NW 1/4 NE 1/4
 Tax Lot 2500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Old Experiment Rd.

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 2-21-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	120	800	15

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
topsoil clay loam	0	1	
clay brn	1	9	
sand/clay	9	13	
clay brn	13	28	
clay grey	28	38	15
clay sand grey	38	49	15
gravel med sand	49	57	15
clay grey sand	57	67	15
gravel med	67	80	15
sand blk fine	80	120	15
clay grey	120	160	15

RECEIVED
 FEB 27 2003
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 2-11-03 Completed 2-21-03

(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 Timothy K. Pely WWC Number 1424 Date 2-24-03