

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

Amendment\*

WELL I.D. # L 659172  
START CARD # 155549

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

(1) LAND OWNER  
Name DAVID D. Scheid Well Number \_\_\_\_\_  
Address 728 N ELM  
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 315 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
18	0	18	0	12	SACKS		
18	12	315					

How was seal placed: Method  A  B  C  D  E  
 Other power trowel + rammed

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: 17	0	20	2.30	<input checked="" 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  Flowing  Artesian  
Yield gal/min 400 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 60° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes  No 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 Harn Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 27S N or S Range 1E E or W. WM.  
Section 7 NW 1/4 SE 1/4  
Tax Lot 1200 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Sedgwick Ln

(10) STATIC WATER LEVEL:  
\_\_\_\_\_ ft. below land surface. Date 4-11-03  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	315	600	30

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

Material	From	To	SWL
Topsoil sandy loam	0	2	
and med	2	6	
clay yellow	6	12	
red sandstone brn	12	135	30
sandstone gravel	135	164	30
red sandstone brn	164	187	30
sandstone grey	187	226	30
sandstone white	226	263	30
shale brn	263	268	30
pebble red	268	275	30
shale brn	275	315	30

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MAY 08 2003

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 4-10-03 Completed 4-11-03

(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.  
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 1024  
Signed Timothy K. Riley Date 4-21-03

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

WELL I.D. # L 459172  
 START CARD # 155549

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name Andy Dunbar  
 Address 36076 Sodhouse Ln  
 City Princeton State OR 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 315 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
18	0	18	benonite	0	18	12 Sacks	
14	18	315					

How was seal placed: Method  A  B  C  D  E  
 Other poured dry + tamped  
 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:	14	+1	20	.250	<input checked="" 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Air Drill stem at	Flowing Artesian Time
400		300	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?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) **LOCATION OF WELL by legal description:**  
 County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 27S N or S Range 31E E or W. WM.  
 Section 7 NW 1/4 SE 1/4  
 Tax Lot 1200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Sodhouse Ln.

(10) **STATIC WATER LEVEL:**  
30 ft. below land surface. Date 4-11-03  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**

Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
50	315	600	30

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

Material	From	To	SWL
topsoil sandy loam	0	2	
sand med	2	6	
clay yellow	6	12	
rock zeolite brn	12	135	30
sandstone grey blue	135	164	30
rock zeolite brn	164	187	30
sandstone grey	187	226	30
sandstone white	226	263	30
shale brn	263	268	30
zeolite red	268	277	30
shale brn	277	315	30

Date started 4-10-03 Completed 4-11-03

(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.  
 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. Riley Date 4-21-03