

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

WELL I.D. # L 659173
START CARD # 144623

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

(1) LAND OWNER GREG SHOLL Well Number _____
Name GREG SHOLL
Address 1071 N Buena Vista
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 125 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18	0 25	bentonite	0 25	30	sacks
14	25 135				

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	60	.375	<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"/>

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

(7) PERFORATIONS/SCREENS:

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
100	4		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 22 S N or S Range 32 E E or W. WM.
Section 28 NW 1/4 NE 1/4
Tax Lot 1700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Old Harney Ln

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 4-29-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

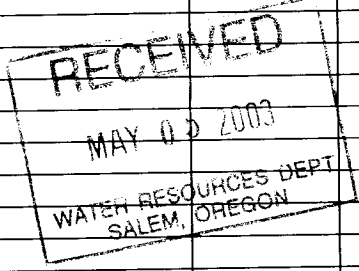
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
25	130	450	17

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Clay loam topsoil	0	1	
clay brn sandstone	1	5	
clay brn	5	6	
clay gravel	6	25	
gravel clay	25	35	17
Sand fine brn	35	45	17
Sand fine caving	45	125	17
clay	125	130	17
	130	135	17



Date started 4-24-03 Completed 4-29-03

(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 R. Kelly Date 5-1-03