

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L L59173
START CARD # 155555

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

(1) LAND OWNER
Name Greg Shull Well Number _____
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 131 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>28</u>	<u>0</u>	<u>18</u>	<u>bentonite</u>	<u>0</u>	<u>18</u>	<u>20 sacks</u>
<u>22</u>	<u>18</u>	<u>131</u>				

How was seal placed: Method A B C D E
 Other poured dry + tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 0 ft. to 123 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>24</u>	<u>1</u>	<u>20</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>12</u>	<u>2</u>	<u>131</u>	<u>.250</u>	<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 wire wrap Material galv. steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>73</u>	<u>123</u>	<u>.125</u>	<u>continuous</u>	<u>12"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>100</u>	<u>3</u>		<u>1 hr.</u>

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 Lane

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 6-2-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
<u>25</u>	<u>130</u>	<u>450</u>	<u>17</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>EXISTING</u>			

Date started 5-27-03 Completed 6-2-03

(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. Riley WWC Number 1424 Date 6-6-03