

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 65238
START CARD # 162579

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

(1) LAND OWNER: Name Dave Reed Well Number _____
Address PO Box 688
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 176 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>existing</u>	<u>12</u>	<u>130</u>	<u>176</u>			

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

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: <u>12</u>	<u>11</u>	<u>106</u>	<u>existing</u>	☐	☐	☐	☐
Liner: <u>10</u>	<u>104</u>	<u>135</u>	<u>250</u>	☒	☐	☒	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method Wire wrap
☒ Screens Type _____ Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>135</u>	<u>176</u>	<u>.30</u>		<u>12"</u>		☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Flowing ☐ Artesian Time
<u>60</u>	<u>0</u>		<u>1 hr.</u>

Temperature of water 52° 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 32 E E or W. WM.
Section 5 SE 1/4 NE 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20 E

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 12-4-03
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
<u>existing</u>			

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Cleanout sand</u>	<u>130</u>	<u>160</u>	<u>14</u>
<u>umice sand bn</u>	<u>160</u>	<u>176</u>	<u>14</u>

Drilled new 12" hole
160-176' Set 10"
liner + screen from
176 to 104' with
packer inside 12"

RECEIVED
DEC 11 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 12-2-03 Completed 12-4-03

(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. Rhy Date 12-4-03