

Amended *

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

(1) LAND OWNER _____ Well Number _____
 Name Dave Miller
 Address AC 73 Cave Bankana Rd.
 City Burne State Or. Zip 97730

☒ New Well ☒ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other _____

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 332 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	<u>Sacks</u> or pounds
20"	0	19'	Buntarite	0	19	65
14"	19	330				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
	14"	+1	199	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

☐ Perforations Method _____

☐ Screens Type / Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
☐ Artesian			
Yield gal/min	Drawdown	Drill stem at	Time

g	200000	200000	Time
500 GPa	80'	100'	1 hr.

Temperature of water 57 Depth Artesian Flow Found _____

Was a water analysis done? NO ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? **NO** ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: 5'

County Harney Latitude _____ Longitude _____

Township 25² N or S Range 32 E or W. WM.

Section 2 NE 1/4 NE 1/4

Tax Lot 400 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Highway 78 E
MP 30

12 ft. below land surface. Date 6-15-03

Artesian pressure _____ lb. per square inch Date _____

Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
16'	20'	20 GPM	12
315'	330'	500 GPM	12

Ground Elevation 4200

Material	From	To	SWL
G ray Clay	250'	325'	12
Sand & Gravel	325	330'	12

RECEIVED

MAR 15 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-15-02 Completed 6-15-03

(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 Kenneth E Smith WWC Number 1752 Date 7-5-03

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 41942
START CARD # ~~131844~~
131851

(1) LAND OWNER _____ Well Number _____
Name Dave Miller
Address 414 73 Crane Bldg. - Kansas City
City Burns State Mo Zip 64224

(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 3.30 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	19	Bentonite	0	25	65
14"	18	330				

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

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	179	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
500	80'	100'	1 hr.

Temperature of water 57° Depth Artesian Flow Found 325'

Was a water analysis done? ☒ No ☐ Yes By whom _____

☐ Salty ☐ Muddy ☒ Odor ☐ Colored ☐ Other _____

Depth of strata: 5'

(9) LOCATION OF WELL by legal description:
County Chautauque Latitude _____ Longitude _____
Township 25-S N or S Range 33-E E or W. WM.
Section 3 SW 1/4 NE 1/4
Tax Lot 1500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Highway 78 mile from

(10) **STATIC WATER LEVEL:**
12 ft. below land surface. Date 6-15-02
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 16

From	To	Estimated Flow Rate	SWL
16	17	20 GPM	12
315	330	500 GPM	12

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 11-15-02 Completed 6-15-03

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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 1752

Signed James H. E. Smith Date 7-5-03