

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 65241
START CARD # 162581

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

(1) **LAND OWNER** Well Number _____
Name Jeff Dornh
Address PO Box 190
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 200 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
28	0 18	portland	0 18	32	sacks
22	18 115				
12	115 128				
10	128 200				

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: 24	+1	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 12	+1.5	128	.250	<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 SS 304 UR Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
48	108	.125	cont.	12		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100	2		1 hr.

Flowing Artesian
 Pump Bailer Air Artesian

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 Hannely Latitude _____ Longitude _____
Township 23S N or S Range 33E E or W. WM.
Section 12 SW 1/4 NW 1/4
Tax Lot 101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 70739 Crane-Buchanan Rd

(10) **STATIC WATER LEVEL:**
18 ft. below land surface. Date 1-14-04
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42	110	400	18

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	1	
clay brn	1	42	
Sand fine brn	42	80	18
clay grey	80	92	18
Sand fine brn	92	110	18
clay grey	110	116	18
clay blue	116	123	18
loess clay	123	128	18
rock basalt solid grey	128	200	18

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JAN 26 2004
WATER RESOURCES DEPT
SALEM OREGON

Date started 12-8-03 Completed 1-14-04

(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. Kirby Date 1-12-04