

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

WELL I.D. # L 259180
 START CARD # 162586

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

(1) LAND OWNER Well Number _____
 Name Steve & Kristi Rickman
 Address 69773 Old Experiment Sta. Rd
 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 246 ft.
 Explosives used Yes No Type _____ Amount _____

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

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

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>12</u>	<u>146</u>	<u>159.250</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 saw cut
 Screens Type .075 slot Material stainless steel

From	To	Slot size	Number	Tele/pipe size	Diameter	Casing	Liner
<u>159</u>	<u>167</u>	<u>1/8 x 3</u>	<u>100</u>	<u>12"</u>	<u>(perf)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>167</u>	<u>227</u>	<u>.075</u>	<u>W.R.</u>	<u>12"</u>	<u>(screen)</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>227</u>	<u>245</u>	<u>1/8 x 3</u>	<u>245</u>	<u>12"</u>	<u>(perf)</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>0</u>		<u>1 hr.</u>

Temperature of water same Depth Artesian Flow Found _____
 Was a water analysis done? 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 23 S N or S Range 32 E E or W. WM.
 Section 18 NW 1/4 NE 1/4
 Tax Lot 2500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Old Experiment Rd

(10) STATIC WATER LEVEL:
same ft. below land surface. Date 2-13-04
 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

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Well sanded in 186 to 242 cleaned out and set perfs & screen telescoped into 14" (existing) with K-Packer</u>			
RECEIVED			
FEB 23 2004			
WATER RESOURCES DEPT SALEM, OREGON			

Date started 2-13-04 Completed 2-16-04

(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.
 Signed _____ Date _____ WWC Number _____

(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 2-20-04