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 WATER RESOURCES DEPT
 SALEM, OREGON

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

WELL I.D. # L L65246
 START CARD # 162589

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

(1) LAND OWNER Tom Howard Well Number _____
 Name Tom Howard

Address PO Box 196
 City Drewsey State OR Zip 97904

(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 170 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>28</u>	<u>+1</u>	<u>18</u>	<u>benite</u>	<u>0</u>	<u>18</u>	<u>30 sacks</u>
<u>22</u>	<u>18</u>	<u>160</u>				
<u>12</u>	<u>160</u>	<u>170</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 160 ft. to 0 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>170</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 .125 continuous slot
 Screens Type _____ Material stainless steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>77</u>	<u>157</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>7</u>		<u>1 hr.</u>

Temperature of water 59° 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 24S N or S Range 33E E or W. WM.
 Section 25 SW 1/4 SE 1/4
 Tax Lot 6902 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) STATIC WATER LEVEL:
50 ft. below land surface. Date 4-7-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 50

From	To	Estimated Flow Rate	SWL
<u>60</u>	<u>160</u>	<u>500</u>	<u>55</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>clay loam topsoil</u>	<u>0</u>	<u>1</u>	
<u>clay brn</u>	<u>1</u>	<u>45</u>	
<u>clay grey</u>	<u>45</u>	<u>60</u>	<u>55</u>
<u>sand blk</u>	<u>60</u>	<u>70</u>	<u>55</u>
<u>clay grey</u>	<u>70</u>	<u>78</u>	<u>55</u>
<u>sand blk w/clay layers</u>	<u>78</u>	<u>140</u>	<u>55</u>
<u>sand brn</u>	<u>140</u>	<u>160</u>	<u>55</u>
<u>clay yellow</u>	<u>160</u>	<u>170</u>	<u>55</u>

Date started 3-11-04 Completed 4-7-04

(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. Kelly Date 4-19-04