

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

(WELL I.D.)# L 71054
 (START CARD) # 162599

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

(1) OWNER: Well Number _____
 Name 4-J Ranch
 Address PO Box 57
 City Seneca State OR Zip 97873

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	18	bentonite	0	25	25 sacks
14	18	182				
12	182	305				

How was seal placed: Method A B C D E
 Other poured dry and 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: 14"	+1	105	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
					Tele/pipe size	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
400	100	200	1 hr.

Pump Bailer Air Flowing 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 Harney Latitude _____ Longitude _____
 Township 24S N or S Range 33E E or W WM.
 Section 35 SE 1/4 SE 1/4
 Tax Lot 500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 58477 Hwy 78

(10) STATIC WATER LEVEL:
57 ft. below land surface. Date 6-12-04
 Artesian pressure _____ lb. per square inch. Date _____

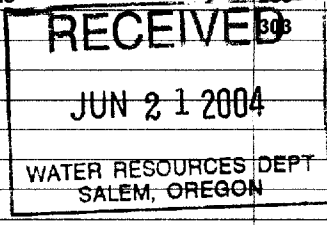
(11) WATER BEARING ZONES:

Depth at which water was first found 57

From	To	Estimated Flow Rate	SWL
57	305	500	57

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
topsoil clay loom	0	3	
clay brn	3	22	
sand brn	22	32	
clay brn	32	61	
silt, blk	61	92	57
claystone blue	92	103	57
cinders multi colored	103	158	57
sandstone blue	158	164	57
sandstone/claystone gravel	164	255	57
sandstone cinders brn	255	265	57
claystone grey	265	286	57
cinders/sandstone	286	303	57
claystone grey	303	305	57



Date started 6-10-04 Completed 6-12-04

(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 [Signature] Date 6-15-04