

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83208

START CARD # 176018

(1) LAND OWNER Owner Well I.D. #4

First Name Jett Last Name Blackburn
 Company _____
 Address 707 Ponderosa Village
 City Burns State OR Zip 97720

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 112 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
26	0	20	Bentonite	0	20	35	S
22	20	112					

How was seal placed: Method A B C D E

Other poured dry and tam

Backfill placed from 112 ft. to 0 ft. Material 3/8 pea gravel

Filter pack from _____ ft. to _____ ft. Material _____ Size pea gravel

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	22	1	21	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	14	2	112	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type roscoe moss Material stainless steel

Perf/ Casing/ Screen

Screen Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
	14	62	102	100	cont.		

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	3		

Temperature 59 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25 S N/S Range 31 E E/W WM
 Sec 28 NW 1/4 of the NE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or _____ DMS or DD
 Long _____ ° 0 ' _____ " or _____ DMS or DD
 Street address of well Nearest address

Hwy 205 L5 Lane

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	04-28-2006		55

Flowing Artesian?

WATER BEARING ZONES Depth water was first found 60

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-28-2006	60	105	500		55

(11) WELL LOG Ground Elevation _____

Material	From	To
clay loom topsoil	0	1
sand med brn	1	12
clay brn	12	48
clay grey	48	65
sand fine blk	65	105
clay blue	105	112

RECEIVED

MAY 02 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 04-17-2006 Completed 04-28-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number _____ Date _____
 Password : (if filing electronically) _____
 Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1424 Date 05-01-2006
 Password : (if filing electronically) _____
 Signed *Santhya K. Rife*
 Contact Info (optional) _____