

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 72705

START CARD # 169133

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

(1) LAND OWNER Well Number _____
 Name Audrey Keat
 Address P.O. Box 946
 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 260 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18	0 48	Best Cement	0 48	10	
14	+2 260	-	-	48	3yds

How was seal placed: Method A B C D E
 Other Mix + Trimmings
 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	+2	58	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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
400		260	<input checked="" type="checkbox"/> Air <input type="checkbox"/>	2 hr.

Temperature of water 68 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Discolored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 22 S N or S Range 33 E E or W. WM.
 Section 30 NW 1/4 SW 1/4
 Tax Lot 300 Lot 2 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3 Miles N on Cow Creek Rd

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 6-1-08
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 97'

From	To	Estimated Flow Rate	SWL
97	248	400	16

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil + Clay	0	12	-
Gravel	12	39	-
Green Clay Stone	39	97	-
White Pumice			
Red Vesicular Basalt Shale	97	248	16
Brown + Yellow Clay Stone (w/5)			
Green + Blue Clay Stone	248	260	16

Date started 5-25-06 Completed 6-1-06

(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 1521
 Signed Donald H. Keat Date 6-7-06

