

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

11-28-2006

WELL LABEL # L 86792

START CARD # 1000181

(1) LAND OWNER Owner Well I.D. _____

First Name JETT Last Name BLACKBURN
Company _____
Address PO BOX 707
City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 162.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 26, 0, 18, Bentonite, 0, 18, 47, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured dry and tam

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 162 ft. Material pea gravel Size 3/8

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 22, 1, 20, .250, [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory saw cut

Screens Type contin. slot Material stainless steel

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Screen, Liner, 14, 72, 112, 0, 3, 1,920

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

[] Pump [X] Bailer [] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 3

Temperature 60 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 31.00 E E/W WM

Sec 27 NW 1/4 of the NW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ ' " or _____ DMS or DD

Long _____ ' " or _____ DMS or DD

[] Street address of well [] Nearest address

L5 LANE HWY 205

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 11-22-2006, 45

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 45

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 11-22-2006, 45, 152, 500, 45

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows: topsoil sandy loam (0-1), sand brn (1-13), clay brn (13-47), clay grey sand (47-55), clay grey (55-60), sand clay blk (60-80), clay sand blk (80-85), sand blk (85-110), clay green (110-115), sand gray (115-130), clay green (130-140), sand gray (140-152), clay grey (152-162)

Date Started 10-26-2006 Completed 11-22-2006

(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 _____

Electronically Filed

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 11-28-2006

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)