

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

01-24-2007

WELL LABEL # L 86796

START CARD # 1000433

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

First Name JETT Last Name BLACKBURN
Company
Address 707 PONDEROSA VILLAGE
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 227.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Bentonite from 0 to 18 ft, 40 lbs.

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 227 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. Rows show casing details for 22 and 14 inch diameters.

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

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 55 °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 24.00 S N/S Range 32.50 E E/W WM
Sec 30 SE 1/4 of the SE 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [] Nearest address

64040 HWY 78

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows for Existing Well / Predeepening and Completed Well (01-22-2007, 17 ft).

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 17

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row for 01-22-2007, 17 to 218, 1,000, 17.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists soil layers like sandy loom topsoil, clay brn, clay grey, etc.

Date Started 01-04-2007 Completed 01-22-2007

(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.

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.

License Number 1424 Date 01-24-2007
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)