

HARN 51401

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 51734

START CARD # 1001615

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

(1) **LAND OWNER** Well Number _____
 Name Wilber Brothers
 Address 278 West "F" St
 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 510 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
0	270		EXISTING			
14	270	510				

How was seal placed: Method A B C D E
 Other existing

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: <u>existing</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Time
<u>300</u>		<u>510</u>	<u>1 hr.</u>

Temperature of water 55° 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 20 S N or S Range 35 E E or W. WM.
 Section 25 NE 1/4 NE 1/4
 Tax Lot 3700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Drewsef Valley

(10) **STATIC WATER LEVEL:**
8 ft. below land surface. Date 9-14-07
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found existing

From	To	Estimated Flow Rate	SWL
<u>270</u>	<u>510</u>	<u>400</u>	<u>8</u>

(12) **WELL LOG:**

Ground Elevation _____

Material	From	To	SWL
SWL prior to deepening			<u>8</u>
existing	<u>0</u>	<u>270</u>	
Claystone / clay grey	<u>270</u>	<u>300</u>	
rock blk basalt	<u>300</u>	<u>450</u>	
shale blk	<u>450</u>	<u>470</u>	
claystone / pumice	<u>470</u>	<u>475</u>	
claystone / shale, clay grey	<u>475</u>	<u>510</u>	<u>8</u>

Date started 9-12-07 Completed 9-14-07

(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 Paul K. Kelly Date 9-20-07