

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

10-05-2007

WELL LABEL # L 91766

START CARD # 1002313

(1) LAND OWNER

Owner Well I.D. _____

First Name WILLIAM

Last Name WILBER

Company _____

Address 34775 N HARNEY LANE

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 230.00 ft.

BORE HOLE

Dia	From	To	Material	SEAL	From	To	Amt	sacks/ lbs
18	0	18	Bentonite	0	18	20	S	
14	18	230						

How was seal placed:

Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other poured dry and tam

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	14	☒	2	100	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/ Screen	green	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

600		100	

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 22.00 S N/S Range 32.00 E E/W WM

Sec 28 NW 1/4 of the SW 1/4 Tax Lot 1900

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☐ Nearest address

34775 N HARNEY LANE

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	09-28-2007		39

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 90

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-28-2007	90	230	1,000		39

(11) WELL LOG

Ground Elevation _____

Material	From	To
tosoil gravely	0	1
clay/gravely	1	40
silty sand brn	40	50
clay brn	50	90
pumice/sand/gravel	90	160
sand, med, blk	160	170
pumice, multi colored	170	210
gravel, fine (caving)	210	230

Date Started 09-26-2007

Completed 09-28-2007

(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. 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 10-05-2007

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)