

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 83201

START CARD # 1003112

(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 [] New Well [X] 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)

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Includes handwritten 'existing' in the Material column.

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

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

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

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes handwritten '12', '136', '172', '250'.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

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

(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). Includes handwritten '30', '1.42'.

Temperature 59 °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 S N/S Range 31 E E/W WM
Sec 28 NE 1/4 of the NE 1/4 Tax Lot 5800
Tax Map Number _____ Lot _____
Lat _____ ° 0 ' " or _____ DMS or DD
Long _____ ° 0 ' " or _____ DMS or DD
[] Street address of well [X] Nearest address

L5 LANE HWY 205

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft). Includes handwritten '03-17-2008', '55'.

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Includes handwritten 'existing' in the From column.

(11) WELL LOG

Table with columns: Material, From, To. Includes handwritten 'RECEIVED', 'APR 03 2008', 'MAR 24 2008' and 'WATER RESOURCES DEPT SALEM OREGON'.

Date Started 03-17-2008 Completed 03-17-2008

(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 _____
Password : (if filing electronically) _____
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 03-21-2008
Password : (if filing electronically) *****
Signed [Signature]
Contact Info (optional)

