

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-08-2008

WELL LABEL # L 94480

START CARD # 1002830

(1) LAND OWNER Owner Well I.D. _____
 First Name JOE Last Name WILLIAMS
 Company _____
 Address 70785 OLD EXPERIMENT STATION RD
 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 160 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
28	0	30	Cement	0	30	46,057	P
24	30	212					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 160 ft. Material gravel Size 3/8
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>	1	50	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12	<input checked="" type="checkbox"/>	2	160	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	75	160	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Perf/S	Casing/Screen	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/pipe size
Screen	Liner	12	52	152	.1		1	
Screen	Liner	10	95	155	.1		1	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100	4		1

Temperature 56 °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 23.00 S N/S Range 32.00 E E/W WM
 Sec 7 SW 1/4 of the NW 1/4 Tax Lot 1300
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
70785 OLD EXPERIMENT STATION RD

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 04-02-2008 _____ 14
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 14

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
04-02-2008	14	160	200		14

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil silty loom	0	3
clay tan	3	5
clay yellow	5	12
sand fine blk	12	18
silty sand	18	24
clay grey	24	57
gravel, sand	57	60
clay brn	60	70
sandstone/sand hard	70	87
clay grey sand fine	87	125
clay green	125	150
sand blk	150	200
sandstone	200	208
pumic sand	208	212

RECEIVED
JUN 10 2008
WATER RESOURCES DEPT
SALEM, OREGON

Sanded in to 160

Date Started 01-03-2008 Completed 04-02-2008

(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 _____
 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 04-08-2008
 Electronically Filed
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____