

Ham
51445

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 104470

START CARD # 189552

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

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

First Name _____ Last Name _____
Company Rattle Snake Creek Land X Cattleco
Address 524 Hwy 20
City Hines State OR Zip 97338

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 280 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (lbs)
20	C	35	Cement	C	35	24
14	35	280				

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

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14"	+	0'	35'	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/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)
1000	190'		4 hr

Temperature 50 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Harnet Twp 25 N or S Range 30 E or W W.M.
Sec 33 NE 1/4 of the NE 1/4 Tax Lot 3700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) NO ADDRESS assigned

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2-10-08</u>			<u>92</u>
Completed Well				

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-10-08</u>	<u>140</u>	<u>190</u>	<u>7000</u>			<u>92</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP Soil	0	2
Sand gravel	2	23
Black sand stone	23	90
Bluish clay	90	140
purple x clay	140	190
Tan clay	190	275
Sand gravel	275	280

RECEIVED
APR 28 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 1-27-08 Completed 2-10-08

(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 _____

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 1654 Date 4-23-08

Signed _____

Contact Info. (optional) _____