

HARN 51497

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 98082

START CARD # 197401

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

(1) LAND OWNER Owner Well I.D. _____
 First Name Ken Last Name WHITING
 Company _____
 Address 71529 Hwy 78
 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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 360 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	78	CEMENT	0	78	58	Scks
20"	78	360					

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from 0 ft. to 360 ft. Material PER GRAN Size 3/8
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1	78	.250	✓		✓	
	✓	14"	+	1 1/2	360	.250	✓		✓	

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

(7) PERFORATIONS/SCREENS 220' - 260'
 Perforations Method HOLTE PERFORATOR MACHINE CUT
 Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		220	220	48	1"	320	PIPE
✓			✓		220	260	48	3"	1120	PIPE
					260	360	48	1"	640	PIPE

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 1000+ Drawdown _____ Drill stem/Pump depth 320' Duration (hr) 1hr

Temperature 55 °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 N of S Range 31 E of W W.M.
 Sec 09 SW 1/4 of the 35 1/4 Tax Lot 1000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 71529 Hwy 78

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>9-29-08</u>			<u>14'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 15'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8-29-08</u>	<u>15</u>	<u>70</u>	<u>500</u>			<u>14</u>
<u>8-29-08</u>	<u>90</u>	<u>120</u>	<u>200</u>			<u>14</u>
<u>9-29-08</u>	<u>212</u>	<u>290</u>	<u>2000</u>			<u>14</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Clay loam topsoil</u>	<u>0</u>	<u>4</u>
<u>Brown clay</u>	<u>4</u>	<u>15</u>
<u>Sand + gravel</u>	<u>15</u>	<u>70</u>
<u>Brown clay</u>	<u>70</u>	<u>90</u>
<u>Coarse sand - fine gravel</u>	<u>90</u>	<u>120</u>
<u>Grey clay - gravel streak</u>	<u>120</u>	<u>200</u>
<u>tan clay</u>	<u>200</u>	<u>212</u>
<u>Permeable sand - gravel</u>	<u>212</u>	<u>290</u>
<u>compacted clay - gravel</u>	<u>290</u>	<u>360</u>

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 OCT 14 2008

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 8-18-08 Completed 9-29-08

(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 1759 Date 10-10-08
 Signed Charles V. J.

(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 1355 Date 10-10-08
 Signed Arthur L. J.
 Contact Info. (optional) _____