

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 105238

START CARD # 1005755

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

(1) LAND OWNER _____ Well Number _____
 Name Dave Reed
 Address PO Box 688
 City Burns State OR Zip 97720

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☐ No Depth of Completed Well 160 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
Existing						

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Existing

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:								
	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	existing				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time 1 hr.
Existing			

Temperature of water 52° Depth Artesian Flow Found RECEIVED

Was a water analysis done? ☐ Yes By whom ☐ No

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 23 S N or S Range 32 E E or W. WM.
Section 5 SE 1/4 NE 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 20 E

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 11-20-08
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found existing

From	To	Estimated Flow Rate	SWL
	existing		

(12) WELL LOG:
Ground Elevation _____

[illegible]

Date started 11-20-08 Completed 11-27-08

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, 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.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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.

Signed [Signature] WWC Number 1424
Date 11-21-08

WATER RESOURCES DEPT

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER