

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 90672
 START CARD # 193447

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

(1) LAND OWNER Well Number
 Name Thomas H. Whipple
 Address 6764 Crane-Buchanan Rd
 City Burns State Or Zip 97720

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 150 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
12"	0	22	Bentonite	0	22	30	
8"	22	150					

How was seal placed: Method A B C D E
 Other pooured + tamped
 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: 8"	+2	128	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
165	23ft to	80ft	9 hrs

Temperature of water 58 ° Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Harney
 Tax Lot 200 Lot _____
 Township 24 N or S 33 E or W WM
 Section 12 NE 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 6764 Crane-Buchanan Rd Burns, Or 97720

(10) STATIC WATER LEVEL
23 ft. below land surface. Date 6-12-09
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
26	145	200 gpm	23'

(12) WELL LOG Ground Elevation 4100'

Material	From	To	SWL
Topsoil	0	1	
Clay, Brown	1	5	
Clay, Brown w/gravel	5	20	
Sand, Brown	20	36	23'
Clay, Brown w/gravel	36	92	
Clay, green + Brown	92	127	
Sand, Brown	127	148	
Clay, Blue	148	150	

Date Started 11-12-08 Completed 6-12-09

(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.

WWC 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.

WWC Number 1459 Date 6-15-09

Signed Ron Whipple

RECEIVED
 JUN 22 2009