

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

HARN 51654

WELL I.D. # L 102552

START CARD # 20134

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

(1) LAND OWNER Well Number _____
Name Mike Stills
Address 30911 Weaver Springs 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 260 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
20"	0	19	Bentonite	0	19	56
14"	19	260				

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

☐ Other Placed
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: 14"	41	159	1.50	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None

Final location of shoe(s) _____

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
100	160	1/8	300	14"		☒	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000	20'	140'	6 hrs

Temperature of water 55° Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom NO

Did any strata contain water not suitable for drinking? ☐ Yes ☐ No

☐ Salty ☐ Muddy ☐ Odor ☐ Color ☐ Taste

Depth of strata: 135'

(9) LOCATION OF WELL (legal description)
County Blaine
Tax Lot 41101 Lot _____
Township 25 S N or S Range 31 E E or W WM
Section 30 NW 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 30911 Weaver Springs Ln.

(10) STATIC WATER LEVEL
61 ft. below land surface. Date 10-8-09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80	205	1000	61

(12) WELL LOG Ground Elevation 4200

Material	From	To	SWL
Top Soil	0	1	
Brown Clay	1	3	
Concrete Gravel	3	30	
Sandy Clay	30	45	
Concrete Gravel	45	50	
Gravel Block	50	163	61'
Gravel	163	205	61'
Gray Clay	205	260	

Date Started 9-24-09 Completed 10-8-09

(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 1752 Date 10-27-09

Signed Kenneth E Smith