

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

(WELL I.D.) # L 60955
 (START CARD) # 159904

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

(1) OWNER: Well Number 1
 Name KEN TURNER
 Address ROUTE 2 SAND HOLLOW ROAD
 City HEPPNER State OREGON Zip 97836

(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 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18				
17 1/2"	18	389	PORT. CEMENT	389	0	10 YARDS
16"	389	400				

How was seal placed: Method A B C D E
 Other _____
 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: 16"	298'	138'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	138'	+2'	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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Number	Diameter	Material	Tele/pipe size	Casing	Liner
								<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
500 gpm		400'	1 hr.

Temperature of water 64° 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 by legal description:
 County MORROW Latitude _____ Longitude _____
 Township 1 N or S Range 26 E or W WM.
 Section 24 NE or SE 1/4 NE or SE 1/4
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAND HOLLOW HEPPNER OR

(10) STATIC WATER LEVEL:
164 ft. below land surface. Date 03-19-04
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 85'

From	To	Estimated Flow Rate	SWL
85'	92'	100 gpm	25'
108'	135'	20 gpm	25'
250'	263'	30 gpm	25'
345'	381'	±500 gpm	164'

(12) WELL LOG: 1860'
 Ground Elevation _____

Material	From	To	SWL
SOTL	0	8'	
BROKEN BROWN	8'	40'	
BLACK BASALT	40'	85'	
BLACK w/ GREEN	85'	92'	25'
BLACK BASALT	92'	108'	
BLACK w/ BROWN & TAN CLAY	108'	135'	25'
BLACK BASALT	135'	207'	
SOFT BLACK	207'	215'	
BLACK BASALT	215'	250'	
BLACK SCORIA	250'	263'	25'
BLACK BASALT	263'	307'	
BLACK w/ BROWN	307'	330'	
BLACK BASALT	330'	345'	
BROKEN BROWN	345'	381'	164'
BLACK BASALT	381'	400'	

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 MAR 25 2004

WATER RESOURCES DEPT
 Date 03-16-04 Completed 03-16-04
 (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 [Signature] WWC Number 1731 Date 3-19-04

(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 544 Date 3-19-04