

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

HARN 51987

10/3/2013

WELL ID, LABEL# 1113426

START CARD # 1020984

ORIGINAL LOG #

(1) LAND OWNER
Owner Well ID. _____
First Name ANDY Last Name ROOT
Company ACW
Address PO BOX 3
City BURNS State OR Zip 97720

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Pistc Wid Thrd
Casing: _____
Material From To Amt sacks/ft
Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 390.00 ft

BORE HOLE		SEAL		sacks/lbs	
Dia	From To	Material	From To	Amt	lbs
18	0 73	Bentonite Chips	0 73	32	18
14	73 390				

How was seal placed: Method A B C D E
 Other POURED & TAMPED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Pistc Wid Thrd
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Screen Liner Dia From To Screen/Slot width Slot length # of slots Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
900 _____ 390 _____

Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNES Twp 22.00 S N/S Range 32.00 E E/W WM
Sec 46 SE 1/4 of the SE 1/4 Tax Lot 300
Tax Map Number _____
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address
HWY 20 E
COW CREEK RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration Completed Well 9/9/2013 _____ 30
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 47.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
9/9/2013	17	490	900		30

(11) WELL LOG Ground Elevation

Material	From	To
topsoil silty loam	0	3
clay brown	3	12
sand brown	12	16
clay brown	16	47
sand fine brown	47	120
SAND COURSE GRAVEL SMALL	120	140
clay grey	140	145
gravel pumice	145	160
pumice grey	160	220
pumice sandstone brown	220	340
claystone blue	340	355
pumice gr. RECEIVED BY OWRD	355	380
claystone blue	380	390

DEC 23 2013
SALEM, OR

Date Started 9/5/2013 Complete 9/9/2013

(bonded) 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 _____ 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.
License Number 1424 Date 10/3/2013
Signed TIMOTHY K RILEY (b-filed)
Contact Info (optional) _____

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.763)

WELL I.D. # L 22705
 START CARD # 169133

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

(1) LAND OWNER Andy Root Well Number _____
 Name Andy Root
 Address P.O. Box 946
 City Burns State OR Zip 97710

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18"	0 48'	Donut			10
14"	+2 260'	+ Cement	0 48'		3 yds

How was seal placed: Method A B C D E
 Other Mix + Trim

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"	+2	58'	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:

From	To	Slot size	Number	Diameter	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 Time
400		260	2hr.

Temperature of water 68 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? No Too little
 Salty Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Harney Latitude _____ Longitude _____
 Township 22 S N or S Range 33 E E or W. WM.
 Section 30 NW SW 1/4
 Tax Lot 300 Lot 8 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3 Miles N on Cow Creek Rd

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 6-1-08
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 97'

From	To	Estimated Flow Rate	SWL
97	248	400	16

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil + Clay	0	12	-
Gravel	12	39	-
Green Clay			
Stone	39	97	-
White Pumice			
Red Vesicular			
Basalt shale	97	248	16
Brown + Yellow clay stone			
(w/5)			
Greenish Brown			
RECEIVED	248	260	16

DEC 23 2013
 SALEM, OR

Date started 5-25-06 Completed 6-1-06

(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 Donald H. Reed WWC Number 1521 Date 6-7-06

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

12-14-2011

WELL LABEL # L 107662

START CARD # 1015574

(1) LAND OWNER Owner Well I.D.

First Name Last Name
Company ACW
Address PO Box 3
City Burns State Or Zip 97720

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

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE
[] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)
Depth of Completed Well 310.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes entry for Bentonite Chips.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured & tamped

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing/Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes entry for 10 inch diameter casing.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Perf/S Casing/ Screen Scrm/slot Slot # of Tele/
reen Liner Dia From To width length slots pipe size

Table for perforations/screens with columns for various dimensions and pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes entry for 400 gal/min yield.

Temperature 65 °F Lab analysis [] Yes By

Water quality concerns? [] RECEIVED BY OWRD

Table for water quality concerns with columns: From, To, Description, Amount, Units. Includes date stamp DEC 23 2013.

(9) LOCATION OF WELL (legal description)

County Harney Twp 22.00 S N/S Range 33.00 E E/W WM
Sec 30 NW 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[] Street address of well [X] Nearest address

72987 Cowcreek Road
Burns, Or 97720

(10) STATIC WATER LEVEL

Table for static water level with columns: Date, SWL(psi), SWL(ft). Includes entry for 12-14-2011 with SWL of 18 ft.

WATER BEARING ZONES Depth water was first found 35

Table for water bearing zones with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes entry for 12-14-2011 with SWL of 18 ft.

(11) WELL LOG

Ground Elevation

Table for well log with columns: Material, From, To. Lists soil types like Topsoil clay loam, Clay brown, sand medium brown, etc.

Date Started 12-12-2011 Completed 12-14-2011

(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 Date

Electronically Filed

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.

License Number 1424 Date 12-14-2011

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

1011704

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 93564
START CARD # 199640

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

(1) LAND OWNER
Owner Well I.D. _____
First Name _____ Last Name _____
Company RATTLESNAKE LANDY CATTLE CO.
Address 524 N. HWY 20
City HINES State OR Zip 97738

(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 400 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
1 1/2"	0	35	BRIT.	0	35	74	Scks
1 1/2"	35	118					
8"	118	400					

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		8"	+	2	118	.250	✓			✓

Shoe Inside Outside Other Location of shoe(s) 118'
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 Drawdown _____ Drill stem/Pump depth 390' Duration (hr) 2h

Temperature 51 °F Lab analysis Yes No
Water quality concerns? Yes (describe below) No
From _____ To _____ Description _____ Amount _____ Units _____
AUG 14 2008 JUL 25 2008
WATER RESOURCES DEPT. RESOURCES DEPT.
ORIGINAL OREGON RESOURCE DEPARTMENT

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 22 N of 33 Range 33 or W.W.M.
Sec 30 SW 1/4 of the SW 1/4 Tax Lot 1800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) COW CREEK RD.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>7-23-08</u>	<u>65</u>		

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 12'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-21-08</u>	<u>12</u>	<u>23</u>	<u>5gpm</u>	<u>5'</u>		<u>5</u>
<u>7-23-08</u>	<u>124</u>	<u>400</u>	<u>300+</u>			<u>65</u>

(11) WELL LOG Ground Elevation 4150

Material	From	To
GRAVELLY BRN. CLAY	0	4
SANDY BRN. CLAY - GRAVEL	4	23
SANDY BROWN CLAY	23	124
GRAVEL - CLAY	124	129
LIGHT GRAY PUMICE	129	135
SOFT BROWN SILT - CLAY	135	184
BROWN ROCK	184	188
BROWN CLAY	188	190
LIGHT BROWN ROCK	190	196
DARK BAN SANDSTONE	196	238
LIGHT GRAY PUMICE	238	270
BROWN PUMICE	270	277
SANDY CLAY	277	295
PUMICE - SANDY	295	317
SOFT BLACK LAVA ROCK	317	321
GRAY PUMICE	321	335

Date Started 7-21-08 Completed 7-23-08

(unbonded) Water Well Constructor Certification
I certify that the work 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 _____ Date _____
Signed SALEM, OR

(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 1855 Date 7-24-08
Signed [Signature]
Contact Info. (optional) _____

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

HARN 51475
 PAGE 2

WELL LABEL # L 93564
 START CARD # 199640

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company RATTLESNAKE LAND - LITTLE CO.
 Address 524 Al. Hwy 20
 City HINES State OR Zip 97738

(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 160 ft.

BORE HOLE			SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To			

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Cng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Cng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>300</u>		<u>390'</u>	<u>2 hr</u>

Temperature 50 °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 22 N or S Range 33 E or W W.M.
 Sec 30 SW 1/4 of the SW 1/4 Tax Lot 1800
 Tax Map Number _____ Lot _____
 Lat _____ ' or _____ DMS or DD
 Long _____ ' or _____ DMS or DD
 Street Address of Well (or nearest address) LOW CLARK RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				

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

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>CONTINUED</u>		
<u>BLACK LAVA WITH GRAY CLAY</u>	<u>335</u>	<u>400</u>
<u>SEAMS</u>		

RECEIVED RECEIVED BY OWRD
 AUG 14 2008 DEC 23 2013
 WATER RESOURCES DEPT. SALEM, OREGON SALEM, OR

Date Started _____ Completed _____

(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 _____ 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.

License Number 1355 Date 7-24-08
 Signed Arthur J. Jay
 Contact Info. (optional) _____

1011704