

STATE OF OREGON WATER SUPPLY WELL REPORT

02-04-2010

WELL LABEL # L 102506

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

START CARD # 1009318

(1) LAND OWNER

Owner Well I.D. LEATHERS #1

First Name ANDY Last Name ROOT
Company ACW
Address 524 N HWY 20
City HINES State OR Zip 97738

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

Depth of Completed Well 170.00 ft. Special Standard [ ] Attach copy

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sucks/lbs. Row 1: 18, 0, 18, Bentonite, 0, 18, 40, S

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

[X] Other POURED DRY AND TAM

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, Lincr, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 14, 1, 107, .250, [X]

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

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Table with columns: Perf/S casing/ Screen, Casing/ Lincr, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

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

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

Table with columns: Yield gal/min, Drawdown, Drii stem/Pump depth, Duration (hr). Row 1: 1,000, 170, 1

Temperature 60 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 30.00 E E/W WM
Sec 29 SW 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat " ' " or DMS or DD
Long " ' " or DMS or DD
[ ] Street address of well [X] Nearest address

28700 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 12-01-1986, 33

Flowing Artesian? [ ] Dry Hole? [ ]
WATER BEARING ZONES Depth water was first found 70

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 02-01-2010, 75, 170, 1,000, 70

(11) WELL LOG

Table with columns: Material, From, To. Includes stamp: RECEIVED BY OWRD JAN 29 2014 SALEM, OR

Date Started 01-26-2010 Completed 02-01-2010

(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.

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.

License Number 1424 Date 02-04-2010
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 587.765)

DEC 19 1986  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

1  
 25S/30E-29dc  
 WELLS

(1) OWNER: Carl Leathers  
 Name Carl Leathers Owner's Well Number: \_\_\_\_\_  
 Address 22300 S.E. Stark  
 City Gresham State Oregon Zip 97030

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

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

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

(5) BORE HOLE CONSTRUCTION:  
 Depth of Completed Well 75 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12"	0 18	cement	0 18	12 sacks

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:	12"	+1	65	.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"/>

location of shoe(s) 65'

(7) PERFORATIONS/SCREENS:

Perforations Method Factory cut  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
65		1/2 x 3/16	456	12"	12"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing  Artesian  
 Yield gal/min 300 Pumping level \_\_\_\_\_ Drill stem at 60' Time 1 hr  
 1/4 hr \_\_\_\_\_

Temperature of water \_\_\_\_\_ 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 Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 25 S N or S, Range 30 E E or W, WM.  
 Section 29 SW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 15 miles S. of Burns,  
then W. on Weaver Spr. rd approx 7 miles.

(10) STATIC WATER LEVEL:  
33 ft. below land surface. Date 12-1-86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WELL LOG: Ground elevation 1150

Material	From	To	WB?	SWL
Soil	0	8	no	0
Sandstone, brn.	8	30	no	0
Sandstone, grey	30	48	no	0
Cinder, black	48	65	yes	33
Cinders, red, w/ black	65	75	yes	33

RECEIVED BY OWRD

JAN 29 2014

SALEM, OR

Date started 11-29-86 Completed 12-1-86

(unbonded) Water Well Constructor Certification:  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Harold Woodruff Date 12-8-86

(bonded) Water Well Constructor Certification:  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed Harold Woodruff Date 12-8-86

Company Woodruff Drilling Co. Job No. \_\_\_\_\_

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

*Leathers #1*

WELL LABEL # L 102506

START CARD # 1009318

**(1) LAND OWNER** Owner Well I.D. LEATHERS #1

First Name ANDY Last Name ROOT  
 Company ACW  
 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

Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)

Depth of Completed Well 170 ft.

BORE HOLE			SEAL		Amt	sacks/ lbs
Dia	From	To	Material	From		
18	0	18	Bentonite	0	18	40 S
14	18	170				

How was seal placed: Method  A  B  C  D  E

Other **POURED DRY AND TAM**

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		1	107	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_

Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scr/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)

1,000			170	1
-------	--	--	-----	---

Temperature 60 °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 25 S N/S Range 30 E E/W WM

Sec 29 SW 1/4 of the SE 1/4 Tax Lot 2600

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

28700 WEAVER SPRINGS RD

**(10) STATIC WATER LEVEL**

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening	12-01-1986		<input checked="" type="checkbox"/> 33
Completed Well	02-01-2010		<input checked="" type="checkbox"/> 70

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 70

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
02-01-2010	75	170	1,000		<input checked="" type="checkbox"/> 70

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
MULTI COLORED CINDER	80	160
SANDSTONE YELLOW	160	170

RECEIVED BY OWRD

JAN 29 2014

SALEM, OR

Date Started 01-26-2010 Completed 02-01-2010

**(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 \_\_\_\_\_

Password : (if filing electronically) \_\_\_\_\_

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 \_\_\_\_\_

Password : (if filing electronically) \*\*\*\*\*

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_

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

WELL ID. # L 26615  
START CARD # 155763

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

(1) LAND OWNER  
Name: Andy Root Well Number \_\_\_\_\_  
Address: 10.121 946  
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 125 ft.  
Explosives used  Yes  No type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	38	Bent	0	38	27 Sacks
16	38	105	Cement	25	105	1 yard
14	105	125				

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	12	38	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	25	105	280	<input 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	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	Time
1000+	51	125	3 hr.

Temperature of water 63 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes By whom \_\_\_\_\_  
Did any strata contain water not suitable for intended use?  Yes  No  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
County Harney Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 25S N or S Range 30E E or W. WM.  
Section 33 SW 1/4 NE 1/4  
Tax Lot 3609 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Street Address of Well (or nearest address) 1 mi west of end of Wenden Springs Burns, OR.

(10) STATIC WATER LEVEL:  
74 ft. below land surface. Date 1-18-05  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
117	125	1000+	74

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	8	-
Brown Sand			
stone	8	21	-
Brown Clay	21	90	-
stone			
Brown Fractured			
Basalt	90	100	-
Hard Gray			
Basalt	100	117	-
Red Brown			
Gray Cinders w/ white			
Clay (w/)	117	125	74
Hard Brown			
Basalt	125	130	74

Date started 1-12-05 Completed 1-18-05

(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 A. Reed WWC Number 1521 Date 1-18-05

RECEIVED  
FEB 17 2005

JAN 29 2014  
SALEM, OR

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

Reviewed by  
HARN 51272  
Harvey 51272  
# 7

WELL ID # 72702  
START CARD # 169131

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

(1) LAND OWNER Name Andy Root Well Number \_\_\_\_\_  
Address P.O. Box 946  
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 375 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
18"	0	44	Bent	17	44	24 Sack
18"	0	17	Cement	0	17	1 yd
14"	44	240				
12"	240		Cement			275

How was seal placed: Method  A  B  C  D  E  
 Other Pour Down Dry Bentonite  
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"	+3"	77"	250	<input checked="" type="checkbox"/>	<input 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
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
550	102	200	4 hrs

Temperature of water 60, Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes  No  
Did any strata contain water not suitable for intended use?  No  Too little  
 Salty  Murky  Colored  Other \_\_\_\_\_  
Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL (legal description)  
County Harvey  
Tax Lot 2002 Lot \_\_\_\_\_  
Township 25 N or S 30 E or W WM  
Section 34 SE 1/4 SW 1/4

Lat \_\_\_\_\_ or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL  
98 ft. below land surface. Date 4-30-06  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 349

From	To	Estimated Flow Rate	SWL
349	371	500	98

(12) WELL LOG

Material	From	To	SWL
Top Soil	0	3	—
Red Clays	3	26	—
Brown Sand			
Stone	26	35	—
Brown Basalt w/ Green Clay			
Sand	35	349	—
White Brown			
5' Base	49	371	98
RECEIVED BY	371	375	98

JAN 29 2014  
SALEM, OR  
Date Started 3-26-06 Completed 4-30-06

(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 1521 Date 9-15-06

Signed Donald H. Reed

# HARN 51272

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

WELL I.D. # L 72703  
 START CARD # 169131

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
 Name Andy Root  
 Address P.O. Box 46  
 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 375 ft.  
 Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL		
Diameter	From	To	Material	From	To
18"	0	44	Port Cement	0	24
14"	44	240	Cement	24	24
12"	240	375			

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER**

Casing/Liner	Diameter	From	To	Gauge	SEAL			
					Steel	Plastic	Welded	Threaded
Casing	14"	43	77	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	Material	
						Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
550	102	200	460

Temperature of water 60 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom NO  
 Did any strata contain water not suitable for intended use? NO  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**  
 County Harney  
 Tax Lot 2002 Lot \_\_\_\_\_  
 Township 2002 North Range 30 East W WM  
 Section 34 SE 1/4 SW 1/4

Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
 Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)

Street Address of Well (or nearest address) End of Weaver Springs Rd Burns, OR 97720

**(10) STATIC WATER LEVEL**  
98 ft. below land surface. Date 4-30-06  
 \_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES**

From	To	Estimated Flow Rate	SWL
349	371	500	98

**(12) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	3	-
Cluders	3	26	-
Brown Sand	26	35	-
Stoney	35	349	-
Brown Basalt w/ Clay seams	349	371	98
White, Brown & Blue Powice	371	375	98
Green Clay			

RECEIVED BY OWRD  
 Date Started JAN 30 2006 Completed 4-30-06

**(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.

WWC Number \_\_\_\_\_ Date \_\_\_\_\_  
 Signed \_\_\_\_\_ **RECEIVED**

**(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 1521 Date 4-30-06  
 Signed Donald H. Reed



*replaced*

HARN 51853 #9

WELL I.D. LABEL# L

START CARD #

107672

1016768

ORIGINAL LOG #

6/18/2012

(1) LAND OWNER

Owner Well I.D. *FRY Replace*  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 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 Plstc Wld Thrd  
 Casing:          
 Material From To Amt sacks/lbs  
 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 188.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	18	Bentonite Chips	0	18	35	S
14	18	188					

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	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14		2	110	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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 Scrm/slot width length # of slots Tel/ pipe size

Perf/	Casing/Screen	Screen Liner	Dia	From	To	Scrm/slot width	length	# of slots	Tel/ 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)

500		188	1
-----	--	-----	---

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 HARNEY Twp 25.00 S N/S Range 30.00 E E/W WM

Sec 33 SW 1/4 of the SW 1/4 Tax Lot 2600

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

29062 WEAVER SPRINGS RD  
 BURNS, OR. 97720

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Completed Well	Date	SWL(psi)	+ SWL(ft)
	6/1/2012		103

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES

Depth water was first found 103.00

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

6/1/2012	103	185	1000		103
----------	-----	-----	------	--	-----

(11) WELL LOG

Ground Elevation \_\_\_\_\_

Material	From	To
sandy loam	0	2
clay	2	8
clay brown	8	30
cinders multi colored	30	98
cinders red	98	108
rock basalt black	108	137
cinders multi colored	137	175
rock basalt black	175	185
clay green	185	188

RECEIVED BY OWRD

JAN 29 2014

SALEM, OR

Date Started 5/29/2012 Complete 6/1/2012

(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 1424 Date 6/18/2012

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) rileywells@centurytel.net

HARN 51448

# 9

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

WELL I.D. # L 93552

START CARD # 197372

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name RATTLESNAKE CR LAND & TATTLE CO  
Address 524 HWY 20 N.  
City HINES State OR Zip 97138

(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 200 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
20"	0'	20'	BENTONITE	0'	20'	56
16"	22'	92'				
14"	92'	200'				

How was seal placed: Method  A  B  C  D  E  
 Other PAKED DRY  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing:	Diameter	From	To	Gauge	Liner			
					Steel	Plastic	Welded	Threaded
	14"	+2'	92'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
400+	10'		2 hr.

Temperature of water 63° 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 3600 Lot \_\_\_\_\_  
Township 25 N of S Range 30 E of W WM  
Section 33 SW 1/4 SE 1/4  
Lat \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Long \_\_\_\_\_ " or \_\_\_\_\_ (degrees or decimal)  
Street Address of Well (or nearest address) WEAVER SPRINGS RD  
END OF PAVEMENT

(10) STATIC WATER LEVEL  
86 ft. below land surface. Date 5-02-08  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES  
Depth at which water was first found 107

From	To	Estimated Flow Rate	SWL'
107	182	4600+	86'

(12) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	3	
BROWN CLAY	3	12	
SOFT BLACK LAVA	12	46	
SOFT RED LAVA	46	107	
FRAG. BRN. BASALT	107	148	86
FRAG. YELLOW SANDSTONE	148	164	86
" BROWN SANDSTONE	164	182	86
FRAG. RED SANDSTONE	182	200	

JAN 29 2014  
SALEM, OR  
Date Started 4-24-08 Completed 5-01-08

(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 1739 Date 5-02-08  
Signed Cherry Jeff

(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 1355 Date 5-02-08  
Signed Arthur J. Jay

RECEIVED

MAY 07 2008



STATE OF OREGON WATER SUPPLY WELL REPORT

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

02-18-2011

WELL LABEL # I. 102536

START CARD # 1012414

(1) LAND OWNER Owner Well I.D. well 21

First Name Andy Last Name Root 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 167.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 18, 0, 18, Bentonite Chips, 0, 18, 90, S.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other poured dr & 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, Wid, Thrd. Row 1: [X], [ ], 14, 1.5, 60, .250, [X], [ ], [ ], [ ].

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Screens Type Material

Table with columns: Perf/S, Casing/ Screen, Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size.

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: [X], [ ], [ ], [ ], 2.800, 2, 145, 6.

Temperature 60 °F Lab analysis [ ] Yes [ ] No

Water quality concerns? [ ] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 30.00 E E/W WM Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800 Tax Map Number Lot Lat Long Street address of well [X] Nearest address [ ]

29062 Weaver Spring Road

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL (psi), SWL (ft). Row 1: [ ], [ ], 02-11-2011, [ ], [X] 104.

WATER BEARING ZONES Depth water was first found

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Row 1: 02-11-2011, 104, 167, 3.000, [ ], [X] 104.

(11) WELL LOG

Table with columns: Material, From, To. Rows include Topsoil sand loam, Sand cinders, Clay cinders, Rock boulders, Cinders, Rock basalt black, Void, Cinders multi colored, Rock broken loose and caving.

Date Started 02-03-2011 Completed 02-11-2011

(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.

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.

License Number 1424 Date 02-18-2011 Electronically Filed Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

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

02-18-2011

WELL LABEL # L 102536

START CARD # 1012414

(1) LAND OWNER Owner Well I.D. well 21

First Name Andy Last Name Root
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 167.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Includes Bore Hole and SEAL sections.

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

[X] Other poured dr & 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, Plat, Wid, Thrd

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Serri/slot width, Slot length, # of slots, Tele/ nipe size

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 60 °F Lab analysis [ ] Yes [ ] No
Water quality concerns? [ ] Yes (describe below)
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 30.00 E E/W WM
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[ ] Street address of well [ ] Nearest address

29062 Weaver Spring Road

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft)
Existing Well / Predeepening
Completed Well 02-11-2011 104
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Table with columns: Material, From, To
Topsoil sand loam
Sand cinders
Clay cinders
Rock boulders
Cinders
Rock basalt black
Void
Cinders multi colored
Rock broken loose and caving

RECEIVED BY OWRD
JAN 29 2014
RECEIVED
MAY 12 2011
SALEM, OR WATER RESOURCES DEPT
SALEM, OREGON

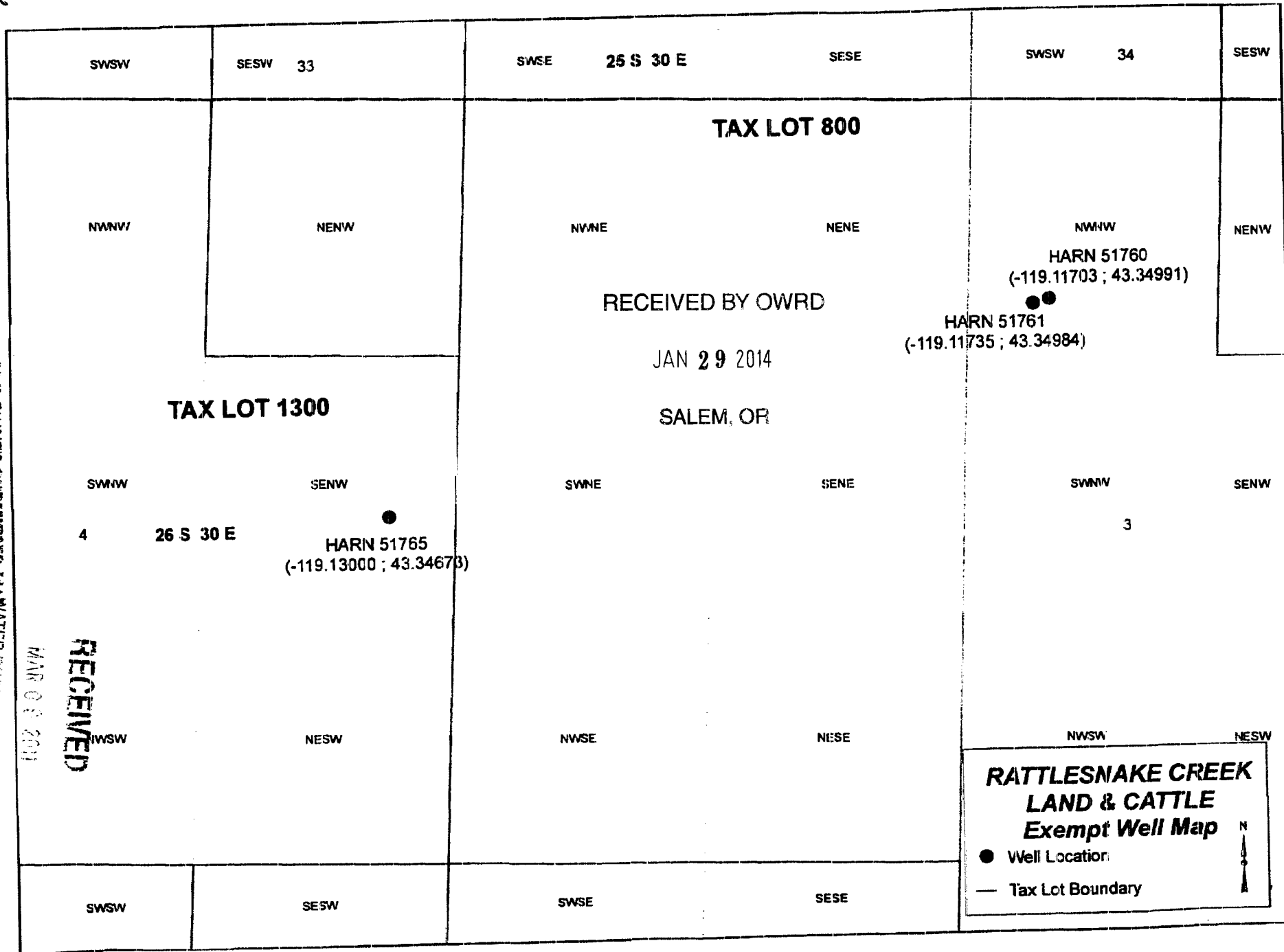
Date Started 02-03-2011 Completed 02-11-2011

(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 02-18-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-Filed)
Contact Info (optional)



**TAX LOT 800**

**TAX LOT 1300**

RECEIVED BY OWRD

JAN 29 2014

SALEM, OR

HARN 51760  
(-119.11703 ; 43.34991)

HARN 51761  
(-119.11735 ; 43.34984)

HARN 51765  
(-119.13000 ; 43.34673)

**RATTLESNAKE CREEK  
LAND & CATTLE  
Exempt Well Map**

● Well Location

— Tax Lot Boundary



OREGON SURFACE WATER RESOURCES DEPT  
**HARN 51765**  
 SALEM, OREGON

MAR 03 2011

**RECEIVED**

STATE OF OREGON  
WATER SUPPLY WELL REPORT

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

02-02-2011

WELL LABEL # L 102534

START CARD # 1012337

(1) LAND OWNER

Owner Well I.D. 18

First Name Andy Last Name Root  
Company ACW  
Address 524 N Hwy 20 PO Box 3  
City Burns State Or Zip 97720

(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  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  Attach copy

Depth of Completed Well 195.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Am't	lbs
18	0	24	Bentonite	0	24	80	S
14	24	145					
12	145	198					

How was seal placed: Method  A  B  C  D  E

Other Poured dry & tamp

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used:  Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	102	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Liner	Dia	From	To	Sem/slot	Slot	# of	Tele-
							width	length	slots	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)
2,800	5	145	6

Temperature 60 °F Lab analysis  Yes By

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Hamley Twp 26.00 S N 5 Range 30.00 E EAV WM  
Sec 3 NW 1-4 of the NW 1/4 Tax Lot #00  
Tax Map Number Lot  
Lat " 0 " or DMS or DD  
Long " 0 " or DMS or DD  
 Street address of well  Nearest address

29002 Weaver Springs Road

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	01-28-2011		104

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 104

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
01-28-2011	104	198	2,000		104

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil sandy loam	0	1
Cinders sand	1	6
Cinders	6	12
Clay cinders	12	100
Cinders fine	100	121
Rock black	121	155
Cinders multi colored	155	180
Rock black	180	187
Cinders multi colored	187	195
Cobbles caving	195	198

RECEIVED BY OWRD

JAN 29 2014

RECEIVED

MAY 12 2011

SALEM, OR

WATER RESOURCES DEPT  
SALEM, OREGON

Date Started 01-21-2011 Completed 01-28-2011

(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 02-02-2011

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

# HARN 51760

HARN 51760

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

02-02-2011

WELL LABEL # L 102534

START CARD # 1012337

(1) LAND OWNER Owner Well I.D. 18  
First Name Andy Last Name Root  
Company ACW  
Address 524 N Hwy 20 PO Box 3  
City Burns State Or Zip 97720

(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  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION Special Standard  (Attach copy)  
Depth of Completed Well 195.00 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	lbs
18	0	24	Bentonite	0	24	80	S
14	24	145					
12	145	198					

How was seal placed: Method  A  B  C  D  E

Other Poured dry & tamp

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	102	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Liner	Dia	From	To	Scr/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)
2,800	5	145	6

Temperature 60 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Hamey Twp 26.00 S N/S Range 30.00 E E/W WM  
Sec 3 NW 1/4 of the NW 1/4 Tax Lot 800  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

29062 Weaver Springs Road

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	01-28-2011		<input checked="" type="checkbox"/> 104

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 104

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
01-28-2011	104	198	3,000		<input checked="" type="checkbox"/> 104

(11) WELL LOG

Material	From	To	Ground Elevation
Topsoil sandy loam	0	1	
Cinders sand	1	6	
Cinders	6	12	
Clay cinders	12	100	
Cinders fine	100	121	
Rock black	121	155	
Cinders multi colored	155	180	
Rock black	180	187	
Cinders multi colored	187	195	
Cobbles caving	195	198	

RECEIVED BY OWRD  
JAN 29 2014  
SALEM, OR

Date Started 01-21-2011 Completed 01-28-2011

(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 02-02-2011

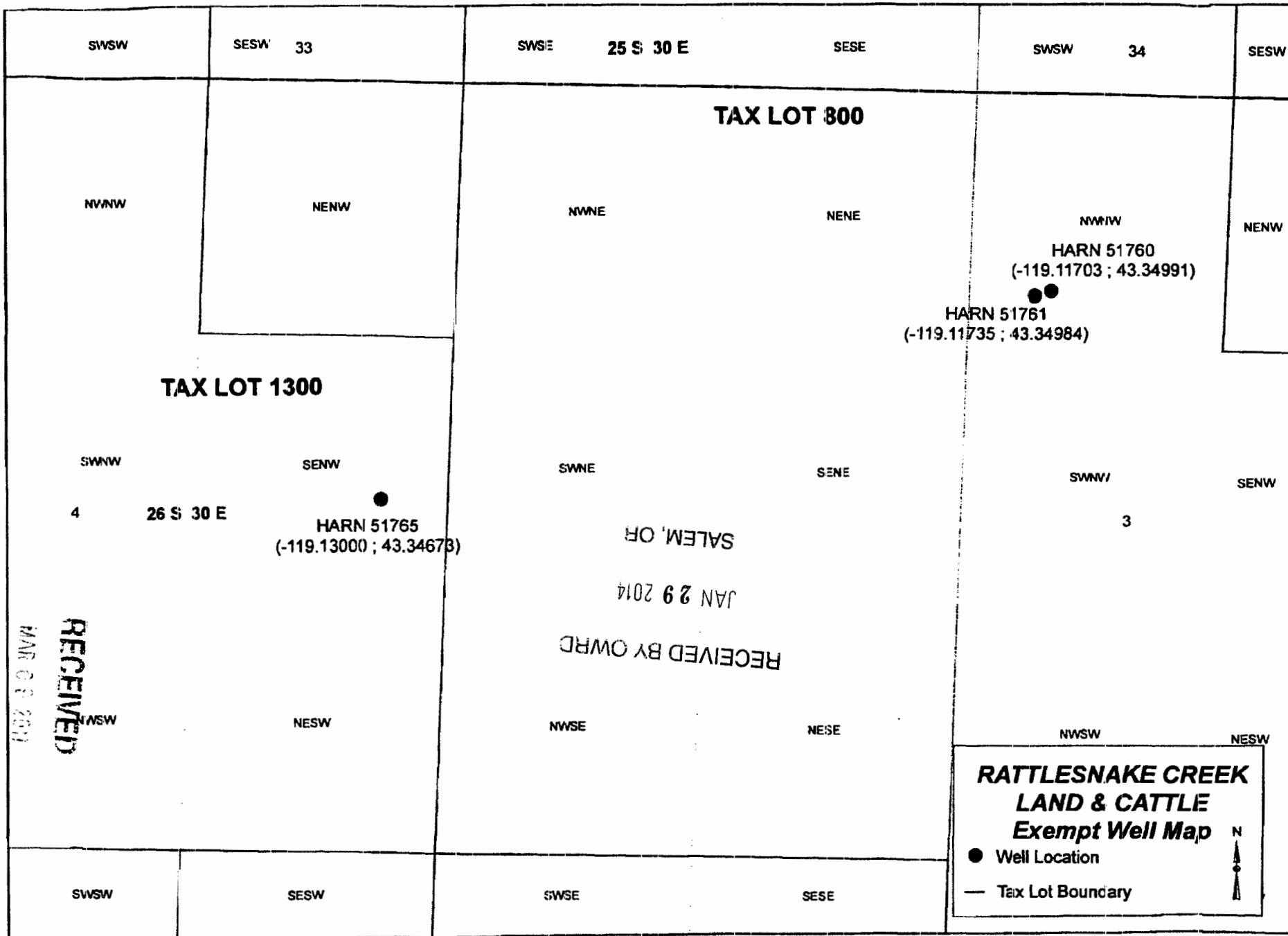
Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK



**TAX LOT 800**

**TAX LOT 1300**

HARN 51760  
(-119.11703 ; 43.34991)

HARN 51761  
(-119.11735 ; 43.34984)

HARN 51765  
(-119.13000 ; 43.34673)

RECEIVED BY OWRD  
JAN 29 2014  
SALEM, OR

**RATTLESNAKE CREEK  
LAND & CATTLE  
Exempt Well Map**

● Well Location  
— Tax Lot Boundary

N

LAND OWNER COMMITTEE FOR WATER RESOURCES DEPT  
SALEM, OREGON

RECEIVED  
MAR 03 2011

**HARN 51760**



HARN 51817

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

11-02-2011

WELL 12

WELL LABEL # L 107659

START CARD # 1015160

(1) LAND OWNER Owner Well I.D. Leathers Weaver Spr. 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 170.00 ft. BORE HOLE Dia From To Material From To Amt lbs SEAL From To Amt lbs

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 Casing Liner Dia + From To Gauge Std Plstc Wld Thrd 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 green Liner Dia From To Sorn/slot width Slot length # of slots Tel/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 59 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 25.00 S N/S Range 30.00 E E/W WM Sec 33 SE 1/4 of the NW 1/4 Tax Lot 2600 Tax Map Number Lot Lat Long Street address of well Nearest address 29062 Weaver Springs Road Burns, Or. 97720

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Predeepening Completed Well 10-21-2011 88 Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 88 Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Topsoil Sandy Loam 0 2 Clay Sand 2 11 Clay Brown 11 32 Clay Cinders Brown 32 49 Cinders Black 49 165 Rock Basalt Black 165 170

Date Started 10-18-2011 Completed 10-21-2011

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. 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. License Number 1424 Date 11-02-2011 Electronically Filed Signed TIMOTHY K RILEY (E-filed) Contact Info (optional)

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

11-02-2011

WELL LABEL # L 107659

START CARD # 1015160

(1) LAND OWNER
Owner Well I.D. Leathers Weaver Spr.
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 170.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, sacks/lbs. Row 1: 18, 0, 18, Bentonite Chips, 0, 18, 30, S.

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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[ ] [ ] 14 [X] 2 108 .250 [ ] [ ] [X] [ ]
Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Table with columns: Perf/S creen, Casing/ Liner, Screen Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1,000 170 1

Table with columns: From, To, Description, Amount, Units. Row 1: 59, Lab analysis, Yes, By

(9) LOCATION OF WELL (legal description)
County Harney Twp 25.00 S N/S Range 30.00 E E/W WM
Sec 33 SE 1/4 of the NW 1/4 Tax Lot 2600
Tax Map Number Lot
Lat " ' " or DMS or DD
Long " ' " or DMS or DD
[ ] Street address of well [X] Nearest address
29062 Weaver Springs Road
Burns, Or. 97720

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Predeepening
Completed Well 10-21-2011 88
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found 88
Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)
Row 1: 10-21-2011, 88, 170, 1,000, 88

(11) WELL LOG
Ground Elevation
Material From To
Topsoil Sandy Loam 0 2
Clay Sand 2 11
Clay Brown 11 32
Clay Cinders Brown 32 49
Cinders Black 49 165
Rock Basalt Black 165 170
RECEIVED BY OWRD
JAN 29 2014
SALEM, OR

Date Started 10-18-2011 Completed 10-21-2011

(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 11-02-2011
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)

HARN 51445 #13

Ham 51445

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

WELL LABEL # L 104470 51445 START CARD # 189552

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 Rattle Snake Creek Land & Cattle CO Address 524 Hwy 20 City Alsea State OR Zip 97338

(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 [ ] Injection [ ] Thermal [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard: [ ] Yes (attach copy) Depth of Completed Well 280 ft.

Table with columns: Dia, From, To, Material, From, To, Amount. Row 1: 20, C, 35, Cement, C, 35, 24. Row 2: 144, 35, 280.

How was seal placed: Method [ ] A [ ] B [X] 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 Table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd. Row 1: X, 14, H, 0, 35, .250, X, X.

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min 1000 Drawdown 120' Drill stem/Pump depth Duration (hr) 4hr

Temperature 50 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description) County Harnock Twp 25 N or S Range 30 E or W W.M. Sec 33 NE 1/4 of the NE 1/4 Tax Lot 3700 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) No Address 45519th

(10) STATIC WATER LEVEL Table with columns: Existing Well/Predeepening, Date 2-6-08, SWL (psi), SWL (ft) 92. Completed Well.

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

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Row 1: 2-6-08, 140, 190, 1000, 92.

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows: Top Soil (0-25), Sand gravel (25-90), Black sand stone (90-140), Brown clay (140-190), Pumice & clay (190-275), Tan clay (275-280), Sand gravel (275-280).

RECEIVED RECEIVED BY OWRD APR 28 2008 JAN 29 2014 WATER RESOURCES DEPT SALEM, OREGON SALEM, OR

Date Started 1-27-08 Completed 2-10-08

(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 1654 Date 4-23-08 Signed Contact Info. (optional)

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

HARN 51871 #14  
8/27/2012

WELL I.D. LABEL# L 109033  
START CARD # 1017370  
ORIGINAL LOG #

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

(2a) PRE-ALTERATION  
Dia + From To Gauge Stl Plstc Wld Thrd  
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Material From To Amt sacks/lbs  
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 232.00 ft.

BORE HOLE SEAL

Dia	From	To	Material	From	To	Amt	sacks/lbs
18	0	18	Bentonite Chips	0	18	27	S
14	18	232					

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 Plstc Wld 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/ slot Slot # of Tele/  
Screen Liner Dia From To width length slots pipe size

Perf/ Screen Liner	Dia	From	To	width	length	slots	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)
800		230	

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 HARNEY Twp 25.00 S N/S Range 30.00 E E/W WM  
Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

29062 WEAVER SPRINGS ROAD  
BURNS, OR.

(10) STATIC WATER LEVEL  
Date SWL (psi) + SWL (ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 8/15/2012 \_\_\_\_\_ 94  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 94.00

SWL Date	From	To	Fst Flow	SWL (psi)	+ SWL (ft)
8/15/2012	94	220	2000		94

(11) WELL LOG  
Ground Elevation \_\_\_\_\_  
Material From To  
topsoil sandy loam 0 2  
clay cinders 2 8  
clay brown 8 45  
cinders black 45 90  
multi colored cinders 90 200  
clay yellow 200 205  
sandstone brown 205 212  
clay yellow 212 220  
clay blue 220 232  
  
RECEIVED BY OWRD  
  
JAN 29 2014  
  
SALEM, OR

Date Started 8/13/2012 Complete 8/15/2012

(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 1424 Date 8/27/2012

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) \_\_\_\_\_

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

HARN 51970
9/2/2013

WELL I.D. LABEL# I 111173
START CARD # 1020822
ORIGINAL LOG #

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

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Material From To Amt sacks/lbs
Seal: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

(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, Amt, sacks/lbs. Row 1: 18, 0, 18, Bentonite Chips, 0, 18, 19, S. Row 2: 14, 18, 310, , , , , .

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

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[ ] [ ] 14 [X] 2 183 .250 [ ] [ ] [X] [ ]
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 Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1000 300 1

Temperature 59 °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 HARNEY Twp 25.00 S N/S Range 30.00 E F/W WM
Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat " or DMS or DD
Long " or DMS or DD
[ ] Street address of well [ ] Nearest address

29062 WEAVER SPRINGS RD
BURNS, OR. 97720

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 8/24/2013 107
Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES
Depth water was first found 107.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
8/24/2013 107 310 1000 107

(11) WELL LOG
Ground Elevation
Material From To
sandy loam topsoil 0 2
clay and cinders 2 8
clay brown 8 42
cinders black 42 135
cinders multicolored 135 277
sandstone brown 277 289
cinders black 289 310

Date Started 8/22/2013 Complete 8/24/2013

(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 1424 Date 9/2/2013
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)