

WELL LABEL # L 86799

START CARD # 1000681

(1) LAND OWNER Owner Well I.D. _____
 First Name JOHN Last Name BAUER
 Company _____
 Address 555 W ADAMS
 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 220.00 ft.

BORE HOLE			SEAL					sacks/
Dia	From	To	Material	From	To	Amt	lbs	
14	0	20	Bentonite	0	20	14	S	
10	20	220						

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 type="checkbox"/>	10	<input checked="" type="checkbox"/>	1.5	90	.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/ Screen	Casing/ Liner	Screen Dia	From	To	Scm/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)
 50 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 24.00 S N/S Range 29.00 E E/W WM
 Sec 2 NW 1/4 of the SE 1/4 Tax Lot 301
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or _____ DMS or DD
 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

26162 HWY 20 W

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	03-09-2007		52

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 52

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
03-09-2007	52	220	500		52

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil silty loom	0	1
clay brn	1	22
clay sand	22	30
clay brn	30	35
gravel conglomerate	35	42
clay sand	42	47
conglomerate green	47	52
clay yellow	52	60
sand fine	60	142
pumice grey	142	155
cinders talac	155	162
pumice brn	162	187
sandstone	187	195
pumice grey	195	215
rock red	215	220

RECEIVED
 MAY 29 2007
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 02-27-2007 Completed 03-09-2007

(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 03-20-2007
 Electronically Filed
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____