

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-04-2007

WELL LABEL # L 88801

START CARD # 1000758

(1) LAND OWNER Owner Well I.D. _____

First Name TRAVIS Last Name SINGHOSE
Company _____
Address 29327 WEAVER SPRINGS RD
City BURNS State OR Zip 97720

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

(3) DRILL METHOD
[] Rotary Air [] Rotary Mud [X] 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 125.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, Sacks/lbs. Row 1: 26, 0, 18, Bentonite, 0, 18, 30, 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 0 ft. to 95 ft. Material gravel Size 3/8

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 22, 1, 20, .250, [X]

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

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type contin. slot Material stainless steel

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size. Row 1: Screen, Liner, 14, 29, 97, .1, 1, 1

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

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 1, _____, _____

Temperature 59 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units. Row 1: _____, _____, _____, _____, _____

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 30.00 E E/W WM
Sec 35 SE 1/4 of the NE 1/4 Tax Lot 2000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [] Nearest address

29327 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Row 1: 04-03-2007, _____, 51

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 04-03-2007, 42, 118, 500, _____, 51

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Row 1: topsoil sandy loam, 0, 3

Date Started 03-20-2007 Completed 04-03-2007

(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 04-04-2007
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional)