

HARN 51507

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STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 98089

START CARD # 200 507

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 SPENCER CHILDERS HAY RANCH
 Address 30040 WEAVER SPRINGS LN
 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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 380 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	25'	CEMENT	0	25	20	3sks
16"	25	105					
14"	105	340					
8"	340	480					

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

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	2"	105	.250	✓			✓

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

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

Perf	Scrn	Csng	Lintr	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 200' Duration (hr) 1 1/2

Temperature 69 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From _____ To _____ Description _____ Units _____

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 26 N or S Range 31 E or W W.M.
 Sec 07 SW 1/4 of the SE 1/4 Tax Lot 1002
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-12-08</u>		-	<u>32</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 35'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-23-08</u>	<u>35</u>	<u>317</u>	<u>2000</u>		-	<u>32</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>SANDY TOPSOIL</u>	<u>0</u>	<u>3</u>
<u>CEMENTED GRAVEL</u>	<u>3</u>	<u>8</u>
<u>GRAY CLAY</u>	<u>8</u>	<u>35</u>
<u>BLACK SANDS/SAND</u>	<u>35</u>	<u>102</u>
<u>FRACTURED GREEN CLAY</u>	<u>102</u>	<u>317</u>
<u>BLACK CLAY</u>	<u>317</u>	<u>480</u>
<u>BOTTOM 100 FEET FILLED IN</u>		

Date Started 10-02-08 Completed 10-30-08

(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 11307 Date 11-24-08
 Signed Charles J. Fry

(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 11-24-08
 Signed John Z. Fry
 Contact Info. (optional) _____

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DEC 01 2008

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DEC 26 2008