

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

HARN 51521

WELL LABEL # L 93561

START CARD # 199654

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

(1) LAND OWNER Owner Well I.D.
First Name William Last Name DUNBAR
Company _____
Address 11050 HIDEAWAY LAKE CIRCLE
City ANCHORAGE State AK Zip 99567

(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 295 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	110	295	SEAL	UNDISTURBED			

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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		8"	+	2	295	.250	-			

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method HOLTE PERFORATOR

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
					-170	290	1/8	1"	1912	PIPE

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		170	1h

Temperature _____ °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 23 N of S Range 32 W or W.W.M.

Sec 28 NW 1/4 of the NE 1/4 Tax Lot 4700

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or _____ DMS or DD

Long _____ ° _____ ' _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 34988 RYEGRASS LN. BURNS, OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well/Predeepening				
Completed Well	2-01-09		-	39'

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
SEE ORIGINAL WELL REPORT		
BOTTOM 5' OF ORIGINAL WELL FILLED IN.		

Date Started 1-27-09 Completed 1-29-09

(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 1739 Date 2-02-09

Signed Chavez Jay

(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 2-01-09

Signed Arthur L Jay
Contact Info. (optional) _____

RECEIVED
FEB 05 2009