

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

HARN 51543

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 WELL LABEL # L 98100

START CARD # 199662

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

(1) LAND OWNER Owner Well I.D. #5  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company 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 360 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
30"	0	175	EXISTING	SEAL	UN	UN	UN
13"	175	223					
10"	223	360					

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
	✓	12"	+	2"	223	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 900+ Drawdown \_\_\_\_\_ Drill stem/Pump depth 310' Duration (hr) 1 1/4 hr

Temperature 63 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality description (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_ Amount 17 Units \_\_\_\_\_  
 APR 20 2009 MAR 17 2009

(9) LOCATION OF WELL (legal description)  
 County HARNEY Twp 26 N of S Range 30 E of W. W.M.  
 Sec 01 NW 1/4 of the SW 1/4 Tax Lot 300  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) 30040 WEAVER SPRINGS LN

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2-25-09</u>		-	<u>52 1/2</u>
Completed Well	<u>3-13-09</u>		-	<u>54</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>2-22-80</u>	<u>SEE ORIGINAL LOG</u>				-	<u>18'</u>
<u>3-13-09</u>	<u>257</u>	<u>360</u>	<u>1000+</u>		-	<u>54</u>

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

Material	From	To
<u>FROM 0 - 175 SEE ORIGINAL REPORT HARN 1319 STATE WELL NO 26S/30E-1CB</u>		
<u>GRM CLAY - CLAYSTONE LAYERS</u>	<u>178</u>	<u>187</u>
<u>SILT &amp; CLAY</u>	<u>187</u>	<u>198</u>
<u>SOFT GRAY CLAY</u>	<u>198</u>	<u>223</u>
<u>GRAY - BLACK CLAY</u>	<u>223</u>	<u>257</u>
<u>BROKEN SOFT CLAYSTONE</u>	<u>257</u>	<u>290</u>
<u>VOLCANIC MATERIAL CONGLOMERATE</u>	<u>290</u>	<u>360</u>

Date Started 2-25-09 Completed 3-12-09

(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 \_\_\_\_\_ 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 1355 Date 3-15-09  
 Signed Arthur L Jay  
 Contact Info. (optional) \_\_\_\_\_