

HARN 51565

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 100253

START CARD # 199666

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

(1) LAND OWNER Owner Well I.D. _____
 First Name DUSTY Last Name ROBEY
 Company _____
 Address 38095 COTTONTAIL 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 400' ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	38	BENTONITE	0	38	97	SCKS
12 3/4"	38	223					
10"	223	400					

How was seal placed: Method A B C D E
 Other POURED DRY
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	14"	51'	.250	✓		✓	
	✓	12"	+	20"	223'	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 223
 Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	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 500+ Drawdown 200' Drill stem/Pump depth 2 hrs. Duration (hr) _____

Temperature 66 °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 N of S Range 33 E or W W.M.
 Sec 03 SW 1/4 of the NW 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) QUINCY RD.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-29-09</u>		-	<u>29</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-29</u>	<u>85</u>	<u>400</u>	<u>1000+</u>		-	<u>29</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	2
SOFT BROWN CLAYSTONE	2	34
SANDY GRAY CLAY - CLAYSTONE LAYERS	34	130
SANDY CLAY WITH GRAVEL	130	142
SANDY CLAY	142	167
SOFT CLAYSTONE	167	218
COARSE TO FINE GRAVEL	218	224
CLAYSTONE/SANDSTONE LAYERS	224	334
BROKEN CLAYSTONE WITH THIN LAYERS OF LAVA ROCK & SANDSTONE	334	360
BROKEN CLAYSTONE	360	400

OCCASSIONAL WOOD DEBRIS FROM 300-400'

Date Started 4-17-09 Completed 4-28-09

(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 4-29-09
 Signed Arthur L. Jay
 Contact Info. (optional) _____

RECEIVED

MAY 06 2009