

HARN 51577

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 100256

START CARD # 200513

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 600 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
19"	0	30	BENTONITE	0	30	57	SCKS
14"	30	34'8"					
12"	34'8"	283 1/2					
10"	283 1/2	600					

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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	16"	34'8"	.250	✓		✓	
	✓	12"	+	20"	283 1/2	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) 283 1/2'

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	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	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		560'	1
650		220'	1/2

Temperature 71 °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 SW 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>5-26-09</u>		-	<u>30'6"</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 60'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-26-09</u>	<u>60'</u>	<u>600</u>	<u>1500+</u>			<u>30'6"</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	2
SANDY CLAY	2	14
GRAY CLAY	14	57
GRAY CLAY - SAND LAYERS	57	104
BLACK CLAY	104	126
GRAY CLAY - SAND LAYERS	126	152
SILT/SAND/CLAY LAYERS	152	268
GRAY CLAY/CLAYSTONE	268	
SANDSTONE LAYERS		482
LAYERS OF CLAYSTONE	482	
SANDSTONE - PUMICE STONE		
STREAKS OF BROWN CLAY		600

Date Started 5-04-09 Completed 5-26-09

(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 5-29-09

Signed Arthur J. Jay
 Contact Info. (optional) _____

RECEIVED

JUN 02 2009