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

HARN 51585

06-16-2009

WELL LABEL # L 96575

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START CARD # 1006691

(1) LAND OWNER Owner Well I.D	(9) LOCATION OF WELL (legal description)
First Name Tom Last Name Vetter	County Harney Twp 25.00 S N/S Range 33.00 E E/W WM
Company	Sec <u>5</u> SW 1/4 of the <u>NE</u> 1/4 Tax Lot <u>1700</u>
Address 21105 Scottsdale Dr.	Tax Map Number Lot
City Bend State OR Zip 97701	Lat ' ' or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long ' ' or DMS or DD
Alteration (repair/recondition)	○ Street address of well ● Nearest address
(3) DRILL METHOD	60621 Hwy 78 Burns OR
A Rotary Air Rotary Mud Cable Auger Cable Mud Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/Commericial Livestock Dewatering	Completed Well 05-17-2009 Incompleted Well Flowing Artesian? Dry Hole?
Thermal Injection Other	WATER BEARING ZONES Depth water was first found 60
(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)	
Depth of Completed Well 229.00 ft.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
BORE HOLE SEAL sacks/	
Dia From To Material From To Amt lbs	
18 0 18 Bentonite 0 18 34 S 14 10 220 Bentonite 0 18 34 S	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other poured dry and tam	Sandy loam topsoil01Clay Brown127
Backfill placed fromft. toft. Material	Clay Brown 1 27 Clay Grey 27 50
Filter pack from ft. to ft. Material Size	Sand Fine/Clay Grey 50 105
Explosives used: Yes Type Amount	Clay Grey 105 165 Sandstone Hard Grey 165 229
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	Sandstone Hard Grey 165 229
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/SCasing/ ScreenScrn/slotSlot# ofTele/creenLinerDiaFromTowidthlengthslotspipe size	Date Started 04-30-2009 Completed 05-17-2009
	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Electronically Filed
<u>Yield gal/min</u> Drawdown Drill stem/Pump depth Duration (hr)	Signed
1,500 229 1	(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
Temperature 64 °F Lab analysis Yes By	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.
Water quality concerns? Yes (describe below)	
	License Number <u>1424</u> Date <u>06-16-2009</u> Electronically Filed
	Signed <u>TIMOTHY K RILEY (E-filed)</u> Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK