

HARN 51648

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 98091

START CARD # 199659

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

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company SPENCER CHILDREN'S HOSPITAL
 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 540 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	311	410	DEEPEN ONLY	SEAL UNDISTURBED			
6"	410	540					

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	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd	
				SEE ORIGINAL WELL REPORT							

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	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 Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem Pump depth	Duration (hr)
150		400	1

Temperature 69°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 26 N of S Range 31 E of W. W.M.
 Sec 07 SE 1/4 of the NW 1/4 Tax Lot 1002
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	9-04-09		-	30
Completed Well	9-10-09		-	30

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 40'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-01-08	40	311	150+		-	30

(11) WELL LOG Ground Elevation _____

Material	From	To
GRAY-GREEN CLAY	311	540
NO ADDITIONAL WATER FOUND		

RECEIVED

SEP 28 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 9-04-09 Completed 9-10-09

(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 1734 Date 9-21-09
 Signed [Signature]

(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 9-23-09
 Signed [Signature]
 Contact Info. (optional) _____