

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

HARN 51698
04-30-2010

WELL LABEL # L 102510

START CARD # 1009928

(1) LAND OWNER Owner Well I.D. production well

First Name _____ Last Name _____
 Company Harney Electric Co op
 Address 1326 Hines Blvd.
 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
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 243.00 ft.

BORE HOLE			SEAL		sacks/ lbs	
Dia	From	To	Material	From		To
10	0	20	Bentonite	0	20	20 S
6	20	243				

How was seal placed: Method A B C D E

Other poured dry and tam

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	109	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scr/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)
50		240	1

Temperature 68 °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 23.00 S N/S Range 30.00 E E/W WM
 Sec 23 NW 1/4 of the NW 1/4 Tax Lot 400
 Tax Map Number _____ Lot _____
 Lat _____ ° _____ ' _____ " or _____ DMS or DD
 Long _____ ° _____ ' _____ " or _____ DMS or DD
 Street address of well Nearest address
28910 Hwy 20, Hines, OR 97738

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>04-21-2010</u>	<u>14</u>	<u>14</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 22

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>04-21-2010</u>	<u>22</u>	<u>243</u>	<u>50</u>		<u>14</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
ClyBrown	1	22
Sand Med Clay	22	35
Gravel Med	35	50
Sand Med Cinders	50	65
Gravel Med	65	80
Sand	80	101
Sandstone	101	120
Pumice Multicolored	120	170
Rock Red	170	243

RECEIVED
 DEC 06 2011
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 04-21-2010 Completed 04-21-2010

(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 _____

Electronically Filed

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 1424 Date 04-30-2010

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional)