

STATE OF OREGON WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 103880 START CARD # 206040 ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. First Name Phillip Last Name Singhra Company address PO Box 35 City Riley State OR Zip 97158

(2) TYPE OF WORK [X] New [] Conversion [] Deepening [] Alteration (complete Sections 2a & 10) [] Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth Seal Material Casing Type: [] Steel [] Plastic [] Other Casing Gauge Casing Diameter

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Auger [] Cable [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community [] Industrial/Commercial [] Livestock [] Dewatering [] Injection [] Thermal [] Other

(5) BORE HOLE CONSTRUCTION Depth of Completed Well 360 ft. Special Standard: [] Yes (attach copy)

Table with columns: Dia, From, To, Material, SEAL From, To, Amount, Scks/lbs. Rows include 24", 18", and 16" diameters with cement seal.

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other Backfill placed from filter pack from

(5a) ABANDONMENT USING UNHYDRATED BENTONITE: Calculated Amount Proposed to be Used: Actual Amount Used:

(6) CASING/LINER Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd. Row shows 16" dia, 1.250 gauge, steel casing.

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

(7) PERFORATIONS/SCREENS Perforations Method Screens Type

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 1500 Drawdown 160' Orill stem/Pump depth 200' Duration (hr) 6/24 Temperature 53°F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe below) TDS ppm

(9) LOCATION OF WELL (legal description) County Harney Twp 24 N or S Range 27 E or W W.M. Sec 3 1/4 of the 1/4 Tax Lot 300 Tax Map Number Lot Lat Long Street Address of Well (or nearest address) 67457 south road N Riley OR 97158

(10) STATIC WATER LEVEL Table with columns: Existing Well/Pre-Alteration, Completed Well, Date, SWL (psi), SWL (ft). Row shows completed well on 11-2-10 with 60' SWL.

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Rows show data for 10-30-10.

(11) WELL LOG Table with columns: Material, From, To. Lists soil types like Topsoil, Tan clay, Reddish Brown clay, etc.

Date Started 10-30-10 Completed 11-2-10

(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 JUL 05 2011 Date JAN 03 2011 Signed WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON 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 1654 Date 11-8-10 Signed Contact Info. (optional)

541-576-2189

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

HARN 51756

WELL LABEL # 103880
START CARD # 206040
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name Phillip Last Name Singh
Company _____
Address PO Box 35
City Riley State OR Zip 97758

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well _____ ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	23	CONCRETE	0	200		50
18"	25	100	CONCRETE				
16"	100	360	CONCRETE	20	100		

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	99	1.250	X		X	

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 Bailer Air Flowing Artesian
Yield gal/min 1500 Drawdown 160' Drill stem/Pump depth _____ Duration (hr) hr
Temperature 53° °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Harnett Twp 24 N or S Range 27 E or W W.M.
Sec 3 1/4 of the 1/4 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 67457 south Mauld N Riley OR 97758

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>11-2-10</u>			<u>60'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-30-10</u>	<u>120</u>	<u>140</u>	<u>50 gpm</u>			<u>60'</u>
	<u>220</u>	<u>360</u>	<u>1500</u>			<u>60'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP Soil	0	2
Tan clay	2	19
Ruishi Brown clay	19	40
Brown clay	40	120
Purple Brown	120	220
White clay	220	240
FURGET clay	240	265
Gray Black sand	265	280
Green clay	280	300
Gray clay	300	340
Black sand	340	360

Date Started 10-30-10 Completed 11-2-10

(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 are true to the best of my knowledge and belief.
License Number _____ Date JAN 03 2011
Signed _____ WATER RESOURCES DEPT

(bonded) Water Well Constructor Certification SALEM, OREGON
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 1654 Date 11-8-10
Signed _____
Contact Info. (optional) 501-576-2189