

Revisions Requested

HARN 51825

WELL LABEL # 107046
START CARD # 1014992
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company GURFARM LLC
Address PO BOX 162
City BURNS State OR Zip 97720

(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 685 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	234	CEMENT	0	234	97	Scks
16"	234	589	5% BENT			9	Scks
12"	589	685					

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

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
☒	16"	+	18"	234	.250	☒		☒	
☒	12"	-	3'	583	.250	☒		☒	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAWED

Screens Type _____ Material _____

Perf	Scrn	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
☒		☒		-282	582	1/8	3"	6840	

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/pump depth _____ Duration (hr) _____

Temperature 96 °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 HARNEY Twp 24 N or S 32.5 E or W W.M.

Sec 05 38 1/4 of the SW 1/4 Tax Lot 1700

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 37215 DEAD END LN
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>12-13-11</u>			<u>-25 1/2</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 45

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10-04-11	45	192	200			-25
	318	685	2800+			-25 1/2

(11) WELL LOG

Ground Elevation

Material	From	To
SANDY TOPSOIL	0	2
TAN CLAY - SAND STREAKS	2	34
GREEN CLAY	34	45
FINE BLACK SAND	45	85
SAND - GRAY CLAY LAYERS	85	100
GREEN CLAY	100	130
GREEN CLAY - SAND	130	392
GREEN CLAY	192	318
PUMICE - VOLCANIC ASH	318	585
PUMICE - RED CLAY LAYERS	585	645
BROKEN REDDISH BRN. BASALT	645	685

Date Started 9-28-11 Completed 12-13-11

(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 1737 Date 1-02-11

Signed Shawn VFD

(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 1-02-11

Signed Arthur L. J.

Contact Info. (optional)

RECEIVED

JAN 05 2012

WATER RESOURCES DEPT

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR THE OWNER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

01/02/2009