

DRAFT

HARN 51847

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 102455
START CARD # 184972

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

(1) LAND OWNER Well Number _____
Name Travis Singhose
Address 29327 Weaver Springs Ln.
City Burns State OR Zip 97720

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 150 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18"	0' 18'	Bentomite	0' 18'		40 sacs
14"	18' 150'				

How was seal placed: Method A B C D E
 Other peeled dry

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	12'	150'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70'	140'	3/16"	1360	14"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25 gal/min			1 hr.

Pump Bailor Air Flowing Artesian

Temperature of water 56° Depth Artesian Flow Found _____
Was a water analysis done? Yes No By whom **RECEIVED**
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored _____
Depth of strata: _____

WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County HARNEY Latitude _____ Longitude _____
Township 25 N or S Range 30 E or W. W.M.
Section 26 1/4 _____ 1/4 _____
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
70 ft ft. below land surface. Date 5/21/12
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 70 ft

From	To	Estimated Flow Rate	SWL
70 ft	150 ft	1500 gal/min	70 ft

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	5	
Brown clay w/ sand	5	70	
Red cinder	70	95	
Black cinder	95	150	

Date started 4-24-12 Completed 5-21-12

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
Signed Brian D. Williams WWC Number 1882 Date 5-21-12

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
Signed Brian D. Williams WWC Number 1557 Date 5-21-12