

(1) LAND OWNER Owner Well I.D. _____
 First Name MARY Last Name OTLEY
 Company _____
 Address 40926 S DIAMOND LANE
 City DIAMOND State OR Zip 97722

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

(2a) PRE-ALTERATION
 Dia + From To Gauge Stl Plstc Wld Thrd
 Casing:
 Material From To Amt sacks/lbs
 Seal:

(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 250.00 ft.
BORE HOLE SEAL sacks/
 Dia From To Material From To Amt lbs

18	0	20	Bentonite Chips	0	20	24	S
14	20	60					
12	60	250					

How was seal placed: Method A B C D E
 Other POURED & TAMPED
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
 Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

 14 2 60 .250
 Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____
 Perf/ Casing/ Screen Scrn/slot Slot # of Tele/
 Screen Liner Dia From To width length slots 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)
 300 _____ 240 _____
 Temperature 60 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 29.00 S N/S Range 31.00 E E/W WM
 Sec 9 NW 1/4 of the NW 1/4 Tax Lot 200
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
BUENA VISTA
HWY 205

(10) STATIC WATER LEVEL
 Date SWL(psi) + SWL(ft)
 Existing Well / Pre-Alteration _____
 Completed Well 10/13/2012 _____ 35
 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 35.00
 SWL Date From To Est Flow SWL(psi) + SWL(ft)

10/13/2012	35	215	300		35

(11) WELL LOG Ground Elevation _____
 Material From To
 Topsoil sandy loam 0 3
 sand medium 3 8
 clay yellow 8 22
 sand cemented 22 48
 pumice 48 69
 sand cemented 69 80
 pumice and claystone 80 95
 claystone brown 95 118
 claystone yellow 118 127
 claystone brown 127 136
 claystone green blue 136 157
 clay blue 157 210
 claystone pumice conglomerent 210 215
 clay blue 215 250

Date Started 10/8/2012 Complete 10/13/2012
(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 _____
 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 11/5/2012
 Signed TIMOTHY K RILEY (E-filed)
 Contact Info (optional) _____