City BURNS State OR Zip 97720 2) TYPE OF WORK New Well Deepening Conversion Alteration (complete 2a & 10) Abandonment(complete 5a) Tax Map Number Lot 2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd Casing:				WEITTS TABET "	r [Page 1 of 1
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Casing:	Alteration (complete 2a & 10) Abandon	nment(complete 5a)	Long °	or		DMS or DD
Cashing:	(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld	Thrd	long	street address of well Ne	arest address	
Sect:	Casing:		29062 WEAV	/ER SPRINGS RD		
3) DELL METHOD [00] STATIC WATER LEVEL 20 Note::::::::::::::::::::::::::::::::::::		BURNS, OR. 97720				
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a) PROPOSED USE		ie widd	Existing V	Well / Pre-Alteration		
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8) WELL TESTS: Minimum testing time is 1 hour Signed Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr) 1000 300 1 1000 300 1 remperature 59 °F Lab analysis Yes Yes (describe below) TDS amount To From To Description Amount Units Signed Signed Signed Signed		+			ate	
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Temperature 59 °F Lab analysis Yes By performed during this time is in compliance with Oregon water supply w construction standards. This report is true to the best of my knowledge and belief. Water quality concerns? Yes (describe below) TDS amount From To Description Amount Units License Number 1424 Date 9/2/2013 Signed TIMOTHY K RILEY (E-filed) Signed TIMOTHY K RILEY (E-filed) Signed TIMOTHY K RILEY (E-filed)						
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ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: