

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name ANDY Last Name ROOT  
 Company ACW  
 Address PO BOX 3  
 City BURNS State OR Zip 97720

**(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 Thrld  
 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 310.00 ft.  
**BORE HOLE** SEAL sacks/lbs  

Dia	From	To	Material	From	To	Amt	lbs
18	0	18	Bentonite Chips	0	18	19	S
14	18	310					

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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/> 2 183 .250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/ Screen	Casing/ Liner	Screen	Dia	From	To	Scrn/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	Drawdown	Drill stem/Pump depth	Duration (hr)
1000		300	1

  
 Temperature 59 °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 25.00 S N/S Range 30.00 E E/W WM  
 Sec 33 NE 1/4 of the SE 1/4 Tax Lot 2600  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
29062 WEAVER SPRINGS RD  
BURNS, OR. 97720

**(10) STATIC WATER LEVEL**

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8/24/2013		107

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 107.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/24/2013	107	310	1000		107

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
sandy loam topsoil	0	2
clay and cinders	2	8
clay brown	8	42
cinders black	42	135
cinders multicolored	135	277
sandstone brown	277	289
cinders black	289	310

Date Started 8/22/2013 Complete 8/24/2013

**(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 9/2/2013  
 Signed TIMOTHY K RILEY (E-filed)  
 Contact Info (optional) \_\_\_\_\_