

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 102539

START CARD # 1022914

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

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

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

(4) PROPOSED USE  Domestic  Irrigation  Community  
 Industrial/Commercial  Livestock  Dewatering  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)  
Depth of Completed Well 185 ft.

BORE HOLE				SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs	
			SEE ORIGINAL REPORT WELL I.D. # L. 102539					

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 \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		<u>8"</u>	<u>-</u>	<u>5</u>	<u>145</u>	<u>.250</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temporary casing  Yes Diameter \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
				<u>6"</u>	<u>145</u>	<u>185</u>	<u>.035</u>			<u>PIPE</u>

(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 \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)  
From \_\_\_\_\_ To \_\_\_\_\_ Description MAY 30 2014 Units \_\_\_\_\_

From	To	Description	Units

(9) LOCATION OF WELL (legal description)  
County HARNEY Twp 23 N 32 E or W W.M.  
Sec 18 NW 1/4 of the NW 1/4 Tax Lot 2500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 69772 OLD EXPERIMENT RD.  
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well				<u>- 29'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
						<u>29'</u>

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

Material	From	To
<u>CLEANED OUT SAND AND INSTALLED LINER + SCREEN</u>		

Date Started 4-30-14 Completed 5-05-14

(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 1739 Date 5-25-14

Signed Cherry J P

(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 5-25-14

Signed Arthur L Jay  
Contact Info. (optional) \_\_\_\_\_