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WELL LABEL #L 119766

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210) START CARD# 196684 SALEM OF Instructions for completing this report are on the last page of this form. (1) LAND OWNER First Name Owner Well I.D.

Last Name Singhos (9) LOCATION OF WELL (legal description) County Harney Twp 23 Nor Range 26 Gor W W.M. Company Sec 14 NUD 1/4 of the NW 1/4 Tax Lot 2500 State 017 Tax Map Number City Riler (2) TYPE OF WORK New Well Deepening Conversion DMS or DD Alteration (repair/recondition) Abandonment Street Address of Well (or nearest address) 68 178 Silvercon Rd Riklay on 9770 (3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Reverse Rotary Other (10) STATIC WATER LEVEL SWL(psi) ☐ Domestic (4) PROPOSED USE Irrigation ☐ Community Existing Well/Predeepening Dewatering Injection ☐ Industrial/Commercial Livestock 6-25-14 Completed Well ☐ Thermal Other Flowing Artesian? Yes Dry Hole? Yes WATER BEARING ZONES Depth water was first found (5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy) Depth of Completed Well 500 ft. Est Flow From 5001 20944 **BORE HOLE** SEAL From 380 1600.+ 147 Material From Amount | Scks/lbs Dia 0011 500 L000. + Cemert 485 147 (11) WELL LOG Ground Elevation How was seal placed: Method A B B C D E From Material To Other Backfill placed from ___ ____ ft. to ____ ft. Material Filter pack from _____ ft. to ____ ft. Material _ Explosives used: Yes Type ___ 88 PACTUILU Lab. (ROCK) (6) CASING/LINER 390 BIOCK LAVIL ROCK Csng Linr Dia + From

// // + / Gauge | Steel | Plastic | Welded | Thrd 440 500 485 100 . 150 Shoe Inside Outside Other Location of shoe(s) Temporary casing Yes Diameter ___ (7) PERFORATIONS/SCREENS Completed Date Started Perforations Method _ (unbonded) Water Well Constructor Certification Screens Type _ Material I certify that the work I performed on the construction, deepening, alteration, or Screen/ Tele/ abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to # of Screen Slot pipe slot the best of my knowledge and belief. Perf Scrn Csng Linr From To width length slots size License Number __ Date Signed_ (bonded) Water Well Constructor Certification (8) WELL TESTS: Minimum testing time is 1 hour I accept responsibility for the construction, deepening, alteration, or N Pump Bailer Air Air ☐ Flowing Artesian abandonment work performed on this well during the construction dates reported Yield gal/min | Drawdown | Drill stem/Pump depth Duration (hr) above. All work performed during this time is in compliance with Oregon water 4" supply well construction standards. This report is true to the best of my knowledge 1600. Gal R 001 441 and belief. _____Date __/C-_ 15-10 Temperature 57' °F Lab analysis Yes By License Number Water quality concerns? Yesterseries below BY OWRD Signed Units From Contact Info. (optional) 541-576.2189 OCT 2 0 2014