

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

HARN 52118

HARN 52118
 115909
 WELL LABEL # L
 START CARD # 209716

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

(1) LAND OWNER Owner Well I.D.
 First Name Tim Last Name Pucnett
 Company _____
 Address PO Box 255
 City Christmas Valley State OR Zip 97641

(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 520 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	178	Cement	0	178	100	50L
16"	178	290					
12"	290	300					
10"	300	520					

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	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	178	178	.750	X		X	
	X	12"	-	100	300	.280	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type _____ Material _____

Perf	Scrn	Csng	Lintr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X		X		12"	290	300	3/4"	500		

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 2000 gal Drawdown _____ Drill stem/Pump depth 520 Duration (hr) hr 1

Temperature 53° F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Harney Twp 23 N or S Range 26 E or W W.M.
 Sec 12 Se 1/4 of the NW 1/4 Tax Lot 2100
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Miller Conydr rd Reilly or

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-15-14</u>			<u>152</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 280

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-15-14</u>	<u>280</u>	<u>300</u>	<u>500 gpm</u>			<u>152</u>
	<u>490</u>	<u>520</u>	<u>2000 gpm</u>			<u>152</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Clay Brown gravel	0	170
Layer Rock	170	280
Red silt w/B	280	300
Brown hard Rock	300	490
Red silt w/B	490	520

RECEIVED BY OWRD RECEIVED BY OWRD
 OCT 20 2014 DEC 17 2014
 SALEM, OR SALEM, OR

Date Started 4-30-14 Completed 5-15-14

(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 _____ 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 1654 Date 9-10-14
 Signed [Signature]
 Contact Info. (optional) _____