					Page 1 of 1
STATE OF OREGON	HARN	52181	WELL I.D. LABEL#		
WATER SUPPLY WELL REPORT			START CARD #	1025881	
(as required by ORS 537.765 & OAR 690-205-0210)	5/7/2	2015	ORIGINAL LOG #		
(1) LAND OWNER Owner Well I.D.				<u> </u>	
First Name ANDY Last Name ROOT	•	(9) LOCA	FION OF WELL (legal (description)	
Company ACW			EY Twp 23.00 S N		E F/WWN
Address PO BOX 3			$\frac{NW}{NW} = \frac{1/4 \text{ of the } NW}{1/4 \text{ of the } NW}$		
City BURNS State OR Zip 97720		Tay Map Num	hor	- 1/4 Tax Lot <u>2</u>	500
2) TYPE OF WORK X New Well Deepening	Conversion	1 ax Map Null	ber' or <u>43.5831540</u>	Lot	DMS or DD
Alteration (complete 2a & 10) Abandonme	ent(complete 5a)	Lat	" or 43.5831540 " or -118.93914 treet address of well • No	10	DMS or DD
2a) PRE-ALTERATION		Long	treet address of well	800	DMS or DD
Casing: Casing	hrd	\sim	XPERIMENT STATION ROA		
		BURNS, OR.		.D	
Material From To Amt sacks/lbs Seal:		BUKINS, OK.	91120		
3) DRILL METHOD		(10) STAT	IC WATER LEVEL		
Rotary Air Rotary Mud Cable Auger Cable N	And	(10) 0 1111	Date	e SWL(psi) +	- SWL(ft)
Reverse Rotary Other			Vell / Pre-Alteration		
	-	Completee			23
(4) PROPOSED USE Domestic Irrigation Comm	unity		Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering		WATER BEAR	RING ZONES Depth w	vater was first found	20.00
Thermal Injection Other		SWL Date	-	st Flow SWL(psi)	
(5) BORE HOLE CONSTRUCTION Special Standard	(4.4.1)			-	
	(Attach copy)	0.0000	20 30	5	17
Depth of Completed Well <u>240.00</u> ft. BORE HOLE SEAL	1 /	4/6/2015	43 240	500	23
	sacks/ Amt lbs				
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	83 S				
	ed 46.36				
			LOC		
Calculate	ed	(11) WELL	LOG Ground Elevation	on 4068.00	
How was seal placed: Method $\square A \square B \Join C \square I$			Material	From	То
Other		top soil brown		0	2
Backfill placed from ft. to ft. Material		hard pan brow	n	2	4
Filter pack from ft. to ft. MaterialS	lize	sand brown		4	7
Explosives used: Yes Type Amount		sandy clay bro	own	20	20 30
5a) ABANDONMENT USING UNHYDRATED BENT(silt brown clay grey		30	43
Proposed Amount Actual Amount		clay & fine sa	nd strips gery	43	170
1			rock & pumice	170	240
6) CASING/LINER Casing Liner Dia + From To Gauge Stl P	lstc Wld Thrd		•		
Tiom To ounge bu T					
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	$\exists H H$				
Shoe Inside Outside Other Location of shoe(s	(3) 178				
Temp casing Yes Dia From To					
7) PERFORATIONS/SCREENS Perforations Method Plazma Torch					
		Dete Stanta	12/07/0015	1 / 1 //7/2015	
Screens Type Material Perf/ Casing/ Screen Scrn/slot Slot	# of Tele/	Date Started	<u>13/27/2015</u> Com	npleted <u>4/7/2015</u>	
	slots pipe size	(unbonded) V	Vater Well Constructor Certif	fication	
	1800	I certify that	the work I performed on the c	onstruction, deepen	ing, alteration, or
			of this well is in compliant		
			tandards. Materials used and in	nformation reported	above are true to
			knowledge and belief.		
		License Numb	Der [Date	
8) WELL TESTS: Minimum testing time is 1 hour		G: 1			
	ing Artesian	Signed			
<u>Yield gal/min</u> Drawdown Drill stem/Pump depth Durat	ion (hr)	(bonded) Wat	ter Well Constructor Certifica	ition	
500 180	2	` ´	nsibility for the construction, of		n. or abandonme
			ed on this well during the constr		
]	performed du	ring this time is in complian	ice with Oregon w	ater supply we
Temperature 58 °F Lab analysis Yes By		construction st	andards. This report is true to the	he best of my knowl	ledge and belief.
		License Numb	per 1899 D	Date 5/7/2015	
Water quality concerns? Yes (describe below) TDS amount From To Description Amo	ount Units			0///2010	
		Contact Info (optional)		

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: