

HARN 52188

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

HARN 52188

WELL LABEL # L 92415

START CARD # 184812

DRAFT

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

(1) LAND OWNER
Owner Well I.D. _____
First Name J. KAUS Last Name Singh Hose
Company _____
Address 29327 Weaver Springs Rd
City Burns State OR Zip 97220

(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 250 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
16	0	20	Bentonite	0	20	22	scks
12	20	250					

How was seal placed: Method A B C D E
 Other powder dry
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
X		12	+	1	250	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 250
Temporary casing Yes Diameter _____ From _____ To _____

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

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X			12	150	250	3/16			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 Drawdown 50 Drill stem/Pump depth 200 Duration (hr) 4

Temperature 57 °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 25 N of 31 Range 31 For W.W.M.
Sec 10 NW 1/4 of the SW 1/4 Tax Lot 1600
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5/1/15</u>	<u>25</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>5/1/15</u>						
<u>5-1-15</u>	<u>100</u>	<u>250</u>	<u>300</u>			

(11) WELL LOG Ground Elevation _____

Material	From	To
SOIL	0	3
BROWN CLAY	3	31
SANDY GREY CLAY	31	60
SANDY GREEN CLAY	60	90
BROWN SAND	90	120
SANDY GREY CLAY	120	250

RECEIVED BY OWRD

MAY 20 2015

SALEM, OR
Date Started 3-2-15 Completed 5-1-15

(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 1557 Date 5-14-15
Signed Paul Wilson
Contact Info. (optional) _____