

(1) LAND OWNER
Owner Well I.D. _____
First Name ANDY Last Name ROOT
Company ACW
Address P.O.BOX 3
City BURNS State OR Zip 97720

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: _____
Material From To Amt sacks/lbs
Seal: _____

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

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 320.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
25 0 38 Bentonite Chips 0 38 65 S
20 38 292 Calculated 61
12 292 320 Calculated

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 0 ft. to 292 ft. Material PEA GRAV Size pea gravel
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 20 1 39 .250
 12 2 292 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 12 92 172 .093 3 1976
Perf Liner 12 192 272 .093 3 1976

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
800 _____ 160 3
Temperature 65 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 102 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 23.00 S N/S Range 32.00 E E/W WM
Sec 29 SE 1/4 of the NW 1/4 Tax Lot 4900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
34103 RYEGRAS LN.
BURNS

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	7/13/2015		65

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 6.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
7/6/2015	6	25	5		6
7/13/2015	65	285	800		65

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil	0	4
brown sand	4	28
Grey clay	28	65
brown sand and fine gravel	65	80
course sand and fine gravel	80	130
Grey clay	130	160
sand and gravel	160	175
grey clay with gravel	175	205
Fractured grey clay with pumice and sand	205	285
multi colored clay	285	320

Date Started 7/2/2015 Completed 7/13/2015
(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 7/13/2015
Signed CHARLES M FRY (E-filed)

(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 7/13/2015
Signed ARTHUR L FRY (E-filed)
Contact Info (optional) _____