

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name BRAD Last Name MASTRE  
 Company \_\_\_\_\_  
 Address 68174 S HARNEY ROAD  
 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 Thrld  
 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 510.00 ft.  
**BORE HOLE**  

Dia	From	To	Material	From	To	Amt	sacks/lbs
18	0	20	Bentonite Chips	0	20	30	S
14	20	510				Calculated	18.6
						Calculated	

How was seal placed: Method  A  B  C  D  E  
 Other POURED AND TAMPED  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/> 2 196 .250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

  
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/ Screen	Casing/ Liner	Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		500	1

  
 Temperature 62 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount \_\_\_\_\_  

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 36 NE 1/4 of the SW 1/4 Tax Lot 701  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
68174 S HARNEY ROAD

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8/25/2015		62

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 62.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8/25/2015	62	510	300		62

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
TOPSOIL - SILTY LOAM	0	2
CLAY - BROWN	2	23
CLAY - GRAY	23	65
SAND - COURSE BLACK W/CLAY GRAY	65	140
CLAY W/SAND	140	170
CLAY - SOFT	170	200
CLAY - HARD	200	220
PUMICE - WHITE	220	300
CLAY - HARD	300	510

Date Started 8/17/2015 Completed 8/25/2015

**(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 \_\_\_\_\_ 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 1424 Date 9/24/2015  
 Signed TIMOTHY K RILEY (E-filed)  
 Contact Info (optional) Tim Riley 541-573-5695