

HARN 52438

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

HARN 52438

WELL I.D. LABEL# L111528
START CARD # 1027927
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D. #3

First Name Ross Last Name Defenbaugh
Company _____
Address 50036 Whitehorse Lane
City Fields State OR Zip 97710

(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 480 ft.

BORE HOLE SEAL

| Dia | From | To | Material | From | To | Amt | sacks/ lbs |
|-----|------|-----|--------------|------|----|------------|------------|
| 42 | 0 | 50 | cement grout | 0 | 50 | 10 | yards |
| 28 | 50 | 480 | | | | Calculated | 10 |

How was seal placed: Method A B C D E
 Other pumped

Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 0 ft. to 480 ft. Material gravel Size 3/4

Explosives used: Yes Type _____ Amount _____

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

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 34 1 50 312
 16 1.5 480 312
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

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

| Perf/S creen | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|-----------------|------------------|---------------|------|-----|--------------------|----------------|---------------|--------------------|
| | | 16 | +1.5 | 80 | blank | | | |
| | | 16 | 80 | 480 | 1/4 | 3 | 68 | |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 500 | 276 | 400 | 9 |

Temperature 80 °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 39 N/S Range 37 E/W WM
Sec 2 SE 1/4 of the SW 1/4 Tax Lot 101
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

50036 Whitehorse Lane

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 10/13/15 0 57
Flowing Artesian? Dry Hole?

WATER BEARING ZONES
Depth water was first found 57
SWL Date From To Est Flow SWL(psi) + SWL(ft)

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|----------|------|-----|----------|----------|-----------|
| 10/13/15 | 80 | 480 | 500 | 0 | 57 |

(11) WELL LOG
Ground Elevation 4678

| Material | From | To |
|---------------------------|------|-----|
| top soil | 0 | 5 |
| mud stone grey | 5 | 43 |
| fractured mud stone grey | 43 | 203 |
| fractured mud stone black | 203 | 295 |
| stringers black sand | 295 | 432 |
| fractured mud stone brown | 432 | 500 |

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OCT 23 2015 NOV 23 2015
SALEM, OR SALEM, OR

Date Started 9/28/15 Completed 10/01/15

(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 1948 Date 10/16/15
Signed [Signature]
Contact Info (optional) _____