

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

HARN 52454

11/23/2015

WELL I.D. LABEL# L 60073
START CARD # 1026555
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name DOUG Last Name GUNDERSON
Company
Address 70029 HWY 205
City BURNS State OR Zip 97720

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 345.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Calculated values.

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED

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
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method torch
Screens Type _____ Material _____
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [X] Bailer [] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 58 °F Lab analysis [] Yes By _____
Water quality concerns? [] Yes (describe below) TDS amount 187 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
Sec 20 SE 1/4 of the SW 1/4 Tax Lot 05900
Tax Map Number Lot
Lat _____ " or 43.46859700 DMS or DD
Long _____ " or -118.79748200 DMS or DD
[] Street address of well [X] Nearest address

ONE MILE EAST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 6/2/2015 87
Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 5/28/2015, 47, 345, 800, 87.

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 6
Sandy Clay 6 15
Claystone 15 47
Sandy Clay 47 54
Claystone Fractured 54 245
Claystone with seams of Sand 245 315
Sandy Claystone Coarse Gravel 315 345

Date Started 5/26/2015 Completed 6/2/2015

(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 1801 Date 11/23/2015
Signed JARRETT S HUMPHREY (E-filed)
Contact Info (optional) Jarrett Humphrey #1801