Page 1 of 1 WELL I.D. LABEL# L₁₂₀₇₁₃ STATE OF OREGON START CARD # 1031692 WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210) 9/26/2016 ORIGINAL LOG# (1) LAND OWNER Owner Well I.D. First Name ROD Last Name CARPENTER (9) LOCATION OF WELL (legal description) Company_ County HARNEY Twp 25.00 S N/S Range 30.00 E E/W WM Address 29328 WEAVER SPRINGS LN Sec 35 SW 1/4 of the NE 1/4 Tax Lot 3900 City BURNS State OR Zip <u>97720</u> Tax Map Number × New Well (2) TYPE OF WORK Deepening DMS or DD Lat Alteration (complete 2a & 10) Abandonment(complete 5a) DMS or DD (2a) PRE-ALTERATION Street address of well Nearest address Gauge Stl Plstc Wld Thrd 29328 WEAVER SPRINGS LN BURNS, OR Material From To Amt sacks/lbs Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD Date SWL(ft) | Rotary Air | Rotary Mud | Cable | Auger | Cable Mud SWL(psi) Existing Well / Pre-Alteration Reverse Rotary Other Completed Well 8/26/2016 (4) PROPOSED USE Domestic X Irrigation Flowing Artesian? Industrial/ Commercial Livestock Dewatering WATER BEARING ZONES Depth water was first found 104.50 Thermal Injection Other SWL Date To Est Flow SWL(psi) + SWL(ft) From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy) 8/26/2016 104.5 350 800 104.5 Depth of Completed Well 350.00 ft. **BORE HOLE** SEAL sacks/ Dia From Material From To Amt lbs 30 25 18 0 25 Bentonite Chips Calculated 23.25 25 118 14 12 350 (11) WELL LOG Calculated Ground Elevation \Box D Method A B How was seal placed: Material From To XOther POURED & TAMPED TOPSOIL - SILTY LOAM _ ft. to _____ ft. Material_ SAND - BROWN 15 Backfill placed from ____ CLAY - BROWN 15 45 Filter pack from __ ft. to ___ ft. Material CLAY - GRAY 45 100 Explosives used: Yes Type____ Amount CLAY - BROWN 100 160 (5a) ABANDONMENT USING UNHYDRATED BENTONITE CINDERS - MULTI COLORED 220 160 350 CLAY - GRAY HARD 220 Proposed Amount Actual Amount (6) CASING/LINER Plstc Wld Thrd Stl Casing Liner From To Gauge X .250 X 14 118 X X lacksquare12 228 .250 RECEIVED BY OWRD JAN **1 9** 2017 Other Shoe Inside Outside Location of shoe(s) Temp casing Yes Dia From SALEM, OR (7) PERFORATIONS/SCREENS Perforations Method AIR PERFORATOR Screens Type _ Date Started 8/10/2016 Material Completed <u>8/26/2016</u> Perf/ Casing/ Screen # of Tele/ Scrn/slot Slot (unbonded) Water Well Constructor Certification Screen Liner length Dia From width slots pipe size 570 I certify that the work I performed on the construction, deepening, alteration, or Perf Liner 160 220 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

Signed

bonded) Water Well Constructor Certif	ificati	Certific	onstructor Cert	Well) Water	bonded)
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Contact Info (optional) TIM RILEY 541-573-5695

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 N	lumber 1424	Date 9/26/2016
Signed	TIMOTHY K-RII FY (F-filed)	

ORIGINAL - WATER RESOURCES DEPARTMENT

Amount Units

O Flowing Artesian

Drill stem/Pump depth Duration (hr)

(8) WELL TESTS: Minimum testing time is 1 hour

O Bailer

Drawdown

Air

Yes (describe below) TDS amount

Description

°F Lab analysis Yes By_

O Pump

Yield gal/min

Water quality concerns?