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

HARN 52620

WELL I.D. LABEL# L 125278
START CARD # 212318
ORIGINAL LOG #

## (1) LAND OWNER
Owner Well I.D.
First Name Last Name
Company ~~State~~ Department of State Lands
Address 1645 Forbes RD Suite 112
City State Zip

## (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/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

## (5) BORE HOLE CONSTRUCTION
Special Standard ☐ (Attach copy)
Depth of Completed Well ~~390~~ 500 ft.

BORE HOLE

| Dia | From | To |
|---|---|---|
| 20" | 0 | 80 |
| 12" | 80 | 390 |
| ~~12"~~ | 240 | 390 |
| 12" | | |

SEAL

| Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|
| Bent | 0 | 80 | 165 | SKS |
| | | Calculated | 84 | |
| | | | 165 | SKS |
| | | Calculated | 87 | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Bent 3/16" Pour
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 Pounds Actual Amount Pounds

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| ☒ | ☐ | 16" | + | 1 | 39 | .250 | ☒ | ☐ | ☒ | ☐ |
| ☐ | ☒ | 12" | − | .1" | 290 | .250 | ☒ | ☐ | ☒ | ☐ |
| ☐ | ☐ | | | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | | | | | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | | | | | | ☐ | ☐ | ☐ | ☐ |

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

RECEIVED BY OWRD JAN 03 2017

## (7) PERFORATIONS/SCREENS
Perforations Method Mitchell
Screens Type Material

| Perf/Screen | Casing/Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/pipe size |
|---|---|---|---|---|---|---|---|---|
| | X | 12" | 160 | 390 | 3/8 | 3" | 10 cut | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---|---|---|---|
| 1500 | | 390 | hr |
| | | | |

Temperature 53' °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 280

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)
~~Harn~~ 52620
County Harney Twp 23 N/S Range 32 E/W WM
Sec 10 SE 1/4 of the NW 1/4 Tax Lot 1500
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
○ Street address of well ○ Nearest address
Milepost 142 Hwy out of Burns from Right hand

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | | | | |
| Completed Well | 5-30-16 | | | 65' |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 60

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 5-30-16 | 60 | 65 | 25gpm | | | 65' |
| 5-30-16 | 100 | 290 | 300gpm | | | 65' |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## (11) WELL LOG
Ground Elevation

| Material | From | To |
|---|---|---|
| Top Soil | 0 | ~~2~~ 2 |
| Clay Clay | 2 | 55 |
| Green Clay | 55 | 65 |
| Black Pluton Granite | 65 | 75 |
| Gray Clay | 75 | 85 |
| Black Sand with Pumice | 85 | 290 |
| Tan Clay | 290 | 390 |
| Brown Clay Gray | 390 | 500 |

RECEIVED BY OWRD
MAR 06 2017
SALEM, OR
SALEM, OR

Date Started 5-17-16 Completed 5-30-16

**(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 1654 Date 12-29-16
Signed
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95