

(1) LAND OWNER  
 Owner Well I.D. \_\_\_\_\_  
 First Name Philip Last Name Singhose  
 Company \_\_\_\_\_  
 Address Po Box 55  
 City Riley State OR Zip 97758

(2) TYPE OF WORK  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) PRE-ALTERATION  
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
 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 630 ft.

BORE HOLE				SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt		
20	0	59	Cement	0	59	35	25	
16	5	220				25		
						Calculated	25	

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 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  
  18 7 1 59 .375      
  16 5 220 .312      
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_  
 Perf/S Casing/ Screen Scrm/slot Slot # of Perforations  
 green Liner Dia From To width length slots pipe size  
 APR 18 2017  
 SALEM, OR

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 3500 Drawdown 630 Drill stem/Pump depth hr 1 Duration (hr)  
 Temperature 53° °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 300  
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)  
 County Harn Twp 23 NS Range 26 CE/W WM  
 Sec 1 NW 1/4 of the SE 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

Millyn Candy Rd Riley OR

(10) STATIC WATER LEVEL  
 Date SWL(psi) + SWL(ft)  
 Existing Well / Pre-Alteration \_\_\_\_\_  
 Completed Well 9-29-16 \_\_\_\_\_  
 Flowing Artesian?  Dry Hole?  147

WATER BEARING ZONES Depth water was first found 250

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-1-16	250	255	1009A		147
9-29-16	610	630	3500		147

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

Material	From	To
TOP SOIL	0	30
tan clay	30	50
beacon clay	50	100
beacon clay	100	215
hard rock	215	250
red cinders	250	260
grey Basalt	260	289
small gravel and pebbles	289	610
Brine Lake Rock	610	630

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 JUL 10 2017  
 SALEM, OR

Date Started 7-27-16 Completed 9-29-16

(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 4-10-17  
 Signed [Signature]  
 Contact Info (optional): \_\_\_\_\_