

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

3/28/2018

WELL I.D. LABEL# L125174

START CARD # 1037768

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company BADGER VENTURES, LLC

Address 77 W. ADAMS

City BURNS

State OR

Zip 97720

(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 875.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	60	Bentonite	0	60	48	S
12	60	159			Calculated	47.3	
14	159	178	Cement	159	178	10	S
12	178	875			Calculated	3.51	

How was seal placed: Method

☒ Other BENT CHIPS 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	Thrd
☒	☐	12	☒	3	178	.250	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
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☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 178Temp casing ☒ Yes Dia 16 From + 0 To 10

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type

Material

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrtn/slot width	Slot length	# of slots	Tele/ pipe size

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
300		875	2

Temperature 56 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 286 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 24.00 S N/S Range 34.00 E E/W WM

Sec 19 SE 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☒ Nearest address

66139 CRANE BUCHANAN RD. BURNS, OR 97720

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Pre-Alteration _____

Completed Well 3/10/2018 78

Flowing Artesian? ☐ Dry Hole? ☐

WATER-BEARING ZONES _____ Depth-water was first found 50

SWL Date From To Est Flow SWL(psi) + SWL(ft)

2/20/2018	50	55	5		38
3/10/2018	861	875	300		78

(11) WELL LOG

Ground Elevation _____

Material	From	To
brown sand	0	1
brown clay	1	4
brown sand	4	7
brown sticky clay	7	36
brown fine sand	36	41
brown clay	41	50
brown clay sticky with cracks	50	55
brown clay hard	55	159
black hard solid basalt	159	243
black hard basalt	243	285
black fractured basalt red green white	285	421
fractured basalt blk brwn red greenwhite	421	861
broken up green clay	861	875

Date Started 2/7/2018

Completed 3/10/2018

(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 1896

Date 3/21/2018

Signed TONY HACKETT (E-filed)

(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 1899

Date 3/28/2018

Signed SAM KINGREY (E-filed)

Contact Info (optional)

RECEIVED

ORIGINAL - WATER RESOURCES DEPARTMENT

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

APR 20 2018

OWRD

HARN 52709**WATER SUPPLY WELL REPORT -
continuation page****(2a) PRE-ALTERATION**

Dia	+	From	To	Gauge	Stl	Pist	W

Material	From	To	Amt sock

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEA
Dia	From	To	From
8	243	875	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner Dia + From To Gauge

(7) PERFORATIONS/SCREENSPerf/S Casing/Screen
reen Liner Dia From To Screen slot width Sl
len

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

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

12" 178' 243'

8" 243' 875'

Tony called 4/2/18

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and log was submitted

with the wrong information

Badger Ventures, LLC

SC 1037768

L125174

Thank you!