STATE OF OREGON

HARN 52717

WELL I.D. LABEL# L	
START CARD #	103833
OPTOPLET TOO !!	

Р	age	1	of	1
1	use	1	01	1

WATER SUPPLY WELL REPORT			1038335	
(as required by ORS 537.765 & OAR 690-205-0210)	4/26/2	018 ORIGINAL LOG #		
(1) LAND OWNER Owner Well I.D.			N	
First Name PHILLIP Last Name SINGHOSE	•	(0) LOCATION OF WELL (legal dee	~~~ .	
Company	-	(9) LOCATION OF WELL (legal des	-	
Address P O BOX 55		County HARNEY Twp 24.00 S N/S		
City RILEY State OR Zip 97758	_	Sec <u>9</u> SE $1/4$ of the SE $1/4$	4 Tax Lot 506	5
	sion	Tax Map Number " or 43.49808300 Lat '" or -119.47958300 Long " or -119.47958300	Lot	
	31011	Lat ° ' " or 43.49808300		DMS or DD
Alteration (complete 2a & 10) Abandonment(comp	plete 5a)	long or -119.47958300)	DMS or DD
(2a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd			est address	
		APPROX. 4 MI E OF RILEY OREGON		
Material From To Amt sacks/lbs				
Seal:				
(3) DRILL METHOD		(10) STATIC WATER LEVEL		
Image: Second state		Date	SWL(psi) +	SWL(ft)
Reverse Rotary Other		Existing Well / Pre-Alteration		
		Completed Well 4/11/2018		56
(4) PROPOSED USE Domestic Irrigation Community		Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering		VATER BEARING ZONES Depth water	r was first found _1	112.00
Thermal Injection X Other OBSERVATION	ľ			
		SWL Date From To Est Fl	low SWL(psi)	+ $SWL(ft)$
(5) BORE HOLE CONSTRUCTION Special Standard (Atta	tach copy)	4/11/2018 112 425		56
Depth of Completed Well 425.00 ft.				
BORE HOLE SEAL	sacks/			
Dia From To Material From To Amt				⊢† ──┤
10 0 57 Bentonite 0 57 27				
6 57 425 Calculated 26.0	01			
		11) WELL LOG Ground Elevation		
Calculated	['	II) WELL LUG Ground Elevation		
How was seal placed: Method A B C D	E	Material	From	То
X Other POURED & TAGGED		brown and sandy clay	0	4
Backfill placed from ft. to ft. Material		black solid basalt	4	31
Filter pack from ft. to ft. Material Size		black & red fractured basalt	31	46
		brown & black basalt	46	112
Explosives used: Yes Type Amount		brown yellow tan fine silts combined	112	141
(5a) ABANDONMENT USING UNHYDRATED BENTONITE		brown red tan soapstone	141	185
Proposed Amount Actual Amount		brown black crumbly rock	185	198
(6) CASING/LINER	11	brown tan soapstone combination	198	216
Casing Liner Dia + From To Gauge Stl Plstc Wl	Id Thrd H	tan colored soapstone	216	238
 ● ●		red grn brwn yllw combo silts/soapstone	238	265
		brown tan combination soapstone	265	286
		brown grey black soapstone	286	305
	┥┝┥╟	light brown pumice	305	335
	┥┝┥╟	blue clay green pumice grey combination	335 361	361
Shoe Inside Outside Other Location of shoe(s)	┙└╜╟	black silts grey white pumice	401	401 425
		black sins grey white pullice	401	423
Temp casing Yes Dia From + To To				
(7) PERFORATIONS/SCREENS			<u> </u>	
Perforations Method	_ l'			
Screens Type Material		Date Started 4/10/2018 Comple	eted <u>4/11/2018</u>	
Perf/ Casing/ Screen Scrn/slot Slot # of	Tele/	*		
Screen Liner Dia From To width length slots p	pipe size	(unbonded) Water Well Constructor Certifica		1
		I certify that the work I performed on the cons		
		abandonment of this well is in compliance		
		construction standards. Materials used and infor the best of my knowledge and belief.	mation reported a	nove are true
		License Number Date		
8) WELL TESTS: Minimum testing time is 1 hour		Signad		
Pump Bailer Air Flowing Arte	esian	Signed		
<u>Yield gal/min</u> Drawdown Drill stem/Pump depth Duration (hr)		(bonded) Water Well Constructor Certification	n	
100 420 1		I accept responsibility for the construction, deep		or abandonm
		work performed on this well during the construction		
		performed during this time is in compliance		
		construction standards. This report is true to the b		
Temperature <u>55</u> °F Lab analysis Yes By		-	-	and benef
Water quality concerns? Yes (describe below) TDS amount 341 From To Description Amount U	ppm	License Number 1899 Date	4/26/2018	
From To Description Amount U	Units	Signed GAM KDICDER (E. C.)		
	—			
	—	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: