

Revisions Requested

WELL LABEL # L 13668

START CARD # 213987

Instructions for completing this report are on the last page of this form.

1) LAND OWNER Owner Well I.D.
First Name TRAVIS Last Name Singhose
Company S.S. Ranches
Address 29229 Weaver spgs Ln.
City Burns State OR Zip 97720

(2) TYPE OF WORK
New Well Conversion
Alteration (repair/recondition) Abandonment
Deepening (checked)

(3) DRILL METHOD
Rotary Air Rotary Mud Cable (checked) Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE
Domestic Irrigation (checked) Community
Industrial/Commercial Livestock Dewatering Injection
Thermal Other

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 190 ft.

Table with columns: Dia, From, To, Material, From, To, Amount, Scks/lbs. Row 1: 14, 150, 190, Seal

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

(6) CASING/LINER
Table with columns: Casing, Liner, Dia, From, To, Gauge, Steel, Plastic, Welded, Thrd

Shoe Inside Outside Other Location of shoe(s)
Temporary casing Yes Diameter From To

(7) PERFORATIONS/SCREENS
Table with columns: Perf, Screen, Casing, Liner, Screen Dia, From, To, Screen/slot width, Slot length, # of slots, Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
Pump Bailer (checked) Air Flowing Artesian
Yield gal/min 25 GPM Drawdown Drill stem/Pump depth Duration (hr) 1 HR

Table with columns: From, To, Description, Amount, Units. Includes temperature 62 F and Lab analysis.

(9) LOCATION OF WELL (legal description)
County Harney Twp 25 N or S Range 30 E or W W.M.
Sec 27 SW 1/4 of the SE 1/4 Tax Lot
Tax Map Number Lot
Lat Long
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL
Table with columns: Date, SWL (psi), SWL (ft)
Existing Well/Predeepening 1-2-18 115
Completed Well 3-11-18 115

WATER BEARING ZONES
Depth water was first found 115
Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft)
3-1-18 115 190 500 GPM M.M.

(11) WELL LOG
Ground Elevation
Material From To
Black Cinders 150 190
Hard Grey Clay 180 190
RECEIVED
MAY 14 2018
OWRD

Date Started 1-2-18 Completed 3-11-18

(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 1557 Date 3-11-18
Signed Brad Wilkins

(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 1557 Date 3-11-18
Signed Brad Wilkins
Contact Info. (optional)