	WELL I.D. LABEL# L 131954 START CARD # 1041379
WATER SUPPLY WELL REPORT (as required by ORS 537.765 & OAR 690-205-0210)	1011377
	12/19/2018 ORIGINAL LOG #
D LAND OWNER Owner Well I.D.	
First Name ANDY Last Name ROOT	(9) LOCATION OF WELL (legal description)
Company ACW	— County HARNEY Twp 22.00 S N/S Range 33.00 E E/W
Address 524 N HWY 20	- Sec 31 NW 1/4 of the SW 1/4 Tax Lot 900
City HINES State OR Zip 97738	
) TYPE OF WORK New Well Deepening Conve	DMS or
Alteration (complete 2a & 10) Abandonment(cor	Lat
a) PRE-ALTERATION Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well Nearest address
Casing:	40637 HWY 20 E BURNS OR 97720
Material From To Amt sacks/lbs	
Seal:	
DRILL METHOD	(10) STATIC WATER LEVEL
Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(psi) + SWL(ft)
Reverse Rotary Other	Existing Well / Pre-Alteration
	Completed Well 12/1/2018 33
PROPOSED USE Domestic Irrigation Community	Flowing Artesian? Dry Hole?
Industrial/ Commercial Livestock Dewatering	WATER BEARING ZONES Depth water was first found 33.00
Thermal Injection Other	SWL Date From To Est Flow SWL(psi) + SWL(ft)
BORE HOLE CONSTRUCTION Special Standard (A	
·	11/19/2018 33 390 500 X 33
Depth of Completed Well <u>410.00</u> ft. BORE HOLE SEAL	
Dia From To Material From To Ar	sacks/ lbs
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
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Calculated	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D	E Material From To
Other	top soil 0 3
Backfill placed from ft. to ft. Material	brown clay 3 14
Filter pack from ft. to ft. MaterialSize	brown sand 14 20
Explosives used: Yes Type Amount	grey clay and sand 20 80 brown clay and sand 80 95
a) ABANDONMENT USING UNHYDRATED BENTONIT	
Proposed Amount Actual Amount	grey pumice and sand 147 168
1	grey punice and said 147 100 grey punice 168 260
) CASING/LINER	fractured claystone and black sandstone 260 410
Casing Liner Dia + From To Gauge Stl Plstc V	
$ X \to X \mapsto A \to A $	
$ K \to H \to H \to H \to H$	
$\mathbb{K} \mathbb{H} \mathbb{H} \mathbb{H} \mathbb{H} \mathbb{H}$	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From + To To	
) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	Date Started Completed 12/2/2018
Perf/ Casing/Screen Scrn/slot Slot # of Screen Liner Dia From To width length slots	Tele/ Image: Constructor Certification
Screen Liner Dia From To width length slots	I certify that the work I performed on the construction, deepening, alteration
	abandonment of this well is in compliance with Oregon water supply
	construction standards. Materials used and information reported above are tru
	the best of my knowledge and belief.
	License Number Date
WELL TESTS: Minimum testing time is 1 hour	—
,	Signed
\bigcirc Pump \bigcirc Bailer \bigcirc Air \bigcirc Flowing Ar	
Pump Bailer Air Flowing Ar Viald cal/min Draudoum Drill stam/Rump doubt Duration (h)	
Yield gal/min Drawdown Drill stem/Pump depth Duration (htt	(bonded) Water Well Constructor Certification

Temperature 65 °F Lab analysis Yes By						construction standards. This report is true to the best of my knowledge		
Wate	r quality of From	concerns? To	Yes (describe below) TDS a Description	amount <u>304</u> Amount	ppm Units		License Number 1355	Date 12/19/2018
E							Signed ARTHUR FRY (E-filed)	
L							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: