

Amended 8/25/2019

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL I.D. LABEL# L 13669
START CARD # 215748
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name TRIAVIS Last Name Singhose
Company ZS Ranches
Address 29327 weaver springs Rd.
City Burns State OR Zip 97720

(2) TYPE OF WORK

New Well [] Deepening [x] Conversion []
Alteration (complete 2a & 1b) [] 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 [x] Auger [] Cable Mud []
Reverse Rotary [] Other []

(4) PROPOSED USE

Domestic [] Irrigation [x] Community []
Industrial/ Commercial [] Livestock [] Dewatering []
Thermal [] Injection [] Other []

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 400 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt sacks/lbs. Row 1: 14, 180, 400, Calculated.

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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS

Table with columns: Perf/Sreen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

Pump [] Bailer [x] Air [] Flowing Artesian []

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 25 gal/min, 1 hr.

Temperature 51 °F Lab analysis [] Yes By

Table with columns: Water quality concerns?, From, To, Description, Amount, Units. Row 1: 195.

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25 N/S Range 30 D/W WM
Sec 27 NW 1/4 of the SE 1/4 Tax Lot (2100)
Tax Map Number Lot

Lat " or " DMS or DD
Long " or " DMS or DD
Street address of well (x) Nearest address ()

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Existing Well/Pre-Alteration: 3/18/19, 140. Completed Well: 5/8/19, 140.

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 5/8/19, 140, 180, 550.

(11) WELL LOG

Table with columns: Material, From, To. Includes layers like GREY CLAY, GREEN CLAY, BROWN CLAY. Includes RECEIVED stamps and OWRD labels.

(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 7882 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 1882 Date 5/8/19
Signed B P Wimer
Contact Info (optional)