

HARN 52835

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL I.D. LABEL# 132138
 START CARD # 215731
 ORIGINAL LOG # _____

(1) LAND OWNER Owner Well I.D. _____
 First Name TRAVIS Last Name Singhose
 Company 35 Ranches
 Address 29327 WEAVER SPGS LN.
 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

 Seal:

Material	From	To	Amt	sacks/lbs

(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 250 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
18"	0	250	Bentonite	0	30	54	SKS
						Calculated	35
						Calculated	

How was seal placed: Method A B C D E
 Other POURED DRY.
 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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12"	#	2	250	.25"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe Inside Outside Other Location of shoe(s) _____
 Temp. casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS Perforations Method Factory Slot

Perf/S	Casing/Screen	Screen Type	Material	Slot	# of	Tele/		
green	Liner	Dia	From	To	width	length	slots	pipe size
		12"	110	250	3/16	3"	3192	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 25 gpm Drawdown 0 Drill stem/Pump depth _____ Duration (hr) 1 HR
 Temperature 52 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 195

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 HARN 52835
 County HARNEY Twp 25 N Range 30 W WM
 Sec 16 NE 1/4 of the NW 1/4 Tax Lot 3000
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address
Day Mt. LN.

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well	10/3/19	40	40 ft.

 Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10/3/19	40	250	250 gpm		

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay w/ sand.	2	55
CRAY clay w/ sand.	55	250

RECEIVED
OCT 21 2019
OWRD

Date Started 9/20/19 Completed 10/3/19

(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 _____ 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 1557 Date 10/4/19
 Signed Brad Williams
 Contact Info (optional) _____