

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

(1) LAND OWNER  
First Name 1 KAVIS Owner Well I.D. Last Name Singhuse  
Company 35 RANCHES  
Address 29327 Weaver Sp91. 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 Thrld  
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 \_\_\_\_\_ ft.  
BORE HOLE  
Dia From To Material SEAL From To Amt sacks/lbs  
16" 0 257 Bentonite 0 30 84 sacks  
Calculated 35 SKS

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 Thrld  
  12" # 2 257 250      
Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
Perforations Method FACTORY slot  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
Perf/S Casing/Screen Scrm/slot Slot # of Tele/  
creen Liner Dia From To width length slots pipe size  
12" 97 257 3/16 3 3572

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 25 gal min. Drawdown \_\_\_\_\_ Drill stem/Pump depth \_\_\_\_\_ Duration (hr) 1 hr.  
Temperature 53 °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 52853**  
County HARNEY Twp 25 Range 31 NW WM  
Sec 15 NW 1/4 of the NW 1/4 Tax Lot 2900  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Dog Mt. Ln.

(10) STATIC WATER LEVEL  
Date SWL(psi) + SWL(ft)  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well 10/31/19 304 30 FT.  
Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_  
SWL Date From To Est Flow SWL(psi) + SWL(ft)  
10/31/19 40 257 300 6 PM.

(11) WELL LOG Ground Elevation \_\_\_\_\_  
Material From To  
TOP SOIL 0 2  
Brown clay 2 52  
GRAY clay w/ sand 52 257

Date Started 9/23/19 Completed 10/31/19

(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 10/31/19  
Signed Brian Wehner  
Contact Info (optional) \_\_\_\_\_