

(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**
 Dia + From To Gauge Stl Plstc Wld Thrld
 Casing: 12" + 2 117 250
 Material From To Amt sacks/lbs
 Seal: _____ 20 SACKS

(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 sacks/lbs
 Dia From To Material From To Amt lbs
10" 120 250 _____
 _____ Calculated _____
 _____ 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**
 Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
 _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____
 Shoe Inside Outside Other Location of shoe(s) 250 FT
 Temp casing Yes Dia _____ From _____ To _____

(7) **PERFORATIONS/SCREENS** Perforations Method PLAZMA CUT
 Screens Type _____ Material _____
 Perf/S Casing/ Screen Scrn/slot # of Tele/
 creen Liner Dia From To width length slots pipe size
10" 140 250 3/8 6" 1920

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

Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 193
 From To Description Amount Units

(9) **LOCATION OF WELL (legal description)**
 County HARNEY Twp 25 NO Range 31 W WM
 Sec 15 NE 1/4 of the NE1/4 Tax Lot 2900
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

31597 Dog Mt Ln Burns OR 97720

(10) **STATIC WATER LEVEL**
 Date SWL (psi) + SWL (ft)
 Existing Well / Pre-Alteration 12/28/19 40 FT
 Completed Well 3/27/20 40 FT
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
	<u>40 FT</u>	<u>250 FT</u>	<u>250 gpm</u>		<u>40 FT</u>

(11) **WELL LOG** Ground Elevation _____

Material	From	To
<u>GRAY CLAY w/ SAND</u>	<u>117</u>	<u>145</u>
<u>TAN clay w/ SAND</u>	<u>145</u>	<u>180</u>
<u>GRAY clay w/ sand</u>	<u>180</u>	<u>250</u>

Date Started 12/28/19 Completed 3/27/20

(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 1882 Date 3/27/20
 Signed B P W...
 Contact Info (optional) _____