

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

HARN 52888

WELL I.D. LABEL# L 83217  
 START CARD # 215736  
 ORIGINAL LOG # HARN 51288

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name TRAVIS S Last Name Singhose  
 Company 3S Ranches  
 Address 29327 WEAVER SPRS LN,  
 City BURNS State OR Zip 97220

(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 Thrd  
 Casing: 16" #1 135 250 (A) (C) (X) ( )  
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

(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 400 ft.  
 BORE HOLE SEAL sacks/  
 Dia From To Material From To Amt lbs  

<u>16"</u>	<u>135</u>	<u>340</u>					
<u>14"</u>	<u>340</u>	<u>400</u>				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 Thrd  

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>14"</u>	<u>#2</u>	<u>340</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS  
 Perforations Method PLAZMA CUT  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
 Perf/S Casing/ Screen  
 Dia From To Scrn/slot Slot # of Tel/ green Liner Dia From To width length slots pipe size  

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>14"</u>	<u>40</u>	<u>340</u>	<u>3/8</u>	<u>6"</u>	<u>3360</u>
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
100 GPM 250" 400 FT 1 hr  
 Temperature 56 °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)  
 County HARNEY Twp 25 N S Range 30 E W WM  
 Sec 27 SW 1/4 of the SW 1/4 Tax Lot 2400  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

29327 WEAVER SPR LN, BURNS OR

(10) STATIC WATER LEVEL  
 Date SWL(psi) + SWL(ft)  
 Existing Well / Pre-Alteration 4/16/20 115  
 Completed Well 4/18/20 115  
 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found  
 SWL Date From To Est Flow SWL(psi) + SWL(ft)  

	<u>115</u>	<u>135</u>	<u>100 GPM</u>	<u>100 GPM</u>	<u>115</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
<u>Cemented GRAVEL</u>	<u>135</u>	<u>400</u>

Date Started 4/16/20 Completed 4/18/20

(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 1882 Date 4/18/20  
 Signed B O With

(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 4/18/20  
 Signed B O With  
 Contact Info (optional) \_\_\_\_\_

