

(1) **LAND OWNER** Owner Well I.D. _____
 First Name TRAVIS Last Name Singhose
 Company 3S Ranches
 Address 29327 Weaver Sp45, 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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 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 248 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt
14"	0	20	Bent-nite	0	20	32 SKS
12"	20	248				Calculated 25 SKS
						Calculated

 How was seal placed: Method A B C D E
 Other pooured 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"/>	10"	0	248	.250	<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** Method Factory

Perf/S	Casing	Screen	Dia	From	To	Scr/slot	Slot	# of	Tele/
green	Liner	Dia	From	To	width	length	slots	pipe size	
		10"	0	248	3/8	3"	4420		

 Screens Type _____ Material _____

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 259L Drawdown B 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)**
 County Harney Twp 28 N 31 W Range 31 EW WM
 Sec 10 SW 1/4 of the SW 1/4 Tax Lot 1600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

(10) **STATIC WATER LEVEL**

Existing Well / Pre-Alteration Completed Well	Date	SWL (psi)	SWL (ft)
	<u>7/2/20</u>		<u>42 ft</u>

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

SWL Date	From	To	Est Flow	SWL (psi)	SWL (ft)
<u>7/2/20</u>	<u>42</u>	<u>248</u>	<u>300 GPM</u>		<u>42 ft</u>

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

Material	From	To
TOP SOIL	0	5
TAN CLAY	5	35
GREEN CLAY	35	50
TAN CLAY w/ Sand	50	135
GREEN CLAY w/ sand	135	240
White CLAY	240	248

RECEIVED

JUL 06 2020

OWRD

 Date Started 6/15/20 Completed 7/2/20

(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 7/2/20
 Signed B. P. White
 Contact Info (optional) _____