

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

WELL I.D. LABEL# L 132048  
 START CARD # 217737  
 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 Thr  
 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 248 ft.  
 BORE HOLE SEAL sacks/lbs  
 Dia From To Material From To Amt  

14"	0	18	Bentinite	0	18	21	SKS
12"	18	250				15	SXS
						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 Thr  

<input checked="" type="checkbox"/>	<input type="checkbox"/>	10"	±	2	248	0.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS Perforations Method FACTORY  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Per/S green	Casing/ Liner Dia	Screen Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
	10"	90	248	3/8"	3"	3040		

(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	6pm	D		1HR
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 Temperature 55 °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 Range 31  E/W WM  
 Sec 9 NE 1/4 of the SE 1/4 Tax Lot 1500  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

31597 00y Mt Ln, Burns OR

(10) STATIC WATER LEVEL  

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	8-3-20		45 FT

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found \_\_\_\_\_  

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
8-3-20	45 FT	248 FT	250 GPM		45 FT

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

Material	From	To
TOP SOIL	0	5
BROWN CLAY	5	45
GREEN CLAY w/ sand	45	65
TAN CLAY w/ sand	65	195
GREEN CLAY w/ sand	195	248

RECEIVED

AUG 06 2020

OWRD

Date Started 7/6/20 Completed 8/3/20

(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 8/31/20  
 Signed Brian D Wilma  
 Contact Info (optional) \_\_\_\_\_