

(1) LAND OWNER Owner Well I.D. _____
 First Name DOUG Last Name GUNDERSON
 Company _____
 Address 3474 TAYLOR LANE
 City BURNS State OR Zip 97732

(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:

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 600.00 ft.
BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	32	Bentonite Chips	0	32	44	S
16	32	240				Calculated	32.31
12	240	600				Calculated	

How was seal placed: Method A B C D E
 Other POURED
 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 _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+ From To Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/> 1.5 240 .250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/> 220 600 .250	<input 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"/>

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

(7) PERFORATIONS/SCREENS
 Perforations Method torch cut
 Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
		10	220	600	.25	4	12	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
120		400	1

 Temperature 59 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) TDS amount 163 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County HARNEY Twp 24.00 S N/S Range 32.50 E E/W WM
 Sec 20 NE 1/4 of the SW 1/4 Tax Lot 5900
 Tax Map Number _____ Lot _____
 Lat _____ " or 43.47225452 DMS or DD
 Long _____ " or -118.80157566 DMS or DD
 Street address of well Nearest address
 1 MILE EAST OF HWY 78 ON TAYLOR LANE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+ SWL(ft)
Completed Well	6/19/2019		42

 Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 53.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
6/1/2019	53	520	120		42

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil Sandy	0	7
Sandy Clay	7	13
Claystone	13	53
Fractured Claystone	53	316
Claystone with Seams of Sand	316	379
Fractured Claystone	379	405
Claystone with Seams of Sand	405	545
Claystone	545	600

Date Started 5/1/2019 Completed 6/30/2019

(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 1801 Date 1/4/2021
 Signed JARRETT HUMPHREY (E-filed)
 Contact Info (optional) _____