

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

HARN 52934

WELL I.D. # L 174611

START CARD # 195485

Instructions for completing this report are on the last page of this form.

(1) LANDOWNER Well Number _____
 Name Travis Sing nose
 Address 29327 Weavav Springs Rd
 City Burns State OR Zip 97720

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 300 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
16"	0	60	benwhite	0	60	5000 lbs
12"	60	300				

How was seal placed: Method A B C D E
 Other packed dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 12"	+1	300	6150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Drive Shoe used Inside Outside None
 Final location of shoe(s) 300 feet

(7) PERFORATIONS/SCREENS Method torch

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
240	300	1/8"	1,440	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 250 Drawdown 100 Drill stem at _____ Time 24 hrs

Temperature of water 62 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Harney
 Tax Lot 3000 Lot _____
 Township 25 S N of S Range 31 E E or W WM
 Section 16 NE 1/4 NE 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Long _____ ° _____ ' _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) Dog Mountain Rd Burns OR 97720

(10) STATIC WATER LEVEL
60 ft. below land surface. Date _____
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	300	250	60

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Soil	0	5	
Brown clay	5	60	60
Sandy gray clay	60	300	

Date Started 8/22/2017 Completed 9/15/2017

(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.

WWC 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.

WWC Number 1557 Date 1/21/21
 Signed [Signature]