

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 53302

WELL I.D. LABEL# L

160633

START CARD #

1083150

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

8/19/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DARRENLast Name KOCH

Company _____

Address PO BOX 855City CRANEState ORZip 97732**(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

Material From To Amt sacks/lbs

Seal:

(3) DRILL METHOD☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger☐ 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 165.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
12	0	20	Bentonite Chips	0	20	18	S	
8	20	165			Calculated	11.34		
					Calculated			

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED AND TAGGED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 8/6/2026 Begin Time 12 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount _____

Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	8	☒	2.5	137.5	0.250	ST	☒			
L	6		125	165	SDR-17	PL	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method FactoryScreens Type Factory Slot PVC Material PVC

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/
Perf	Liner	6	125	145	.2	2	999999	Pipe size	
Screen	Casing	6	145	165	.2	2	999999	Pipe Size	
Screen	Liner	6	125	145	.2	2	999999	Pipe Size	

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	85		128	2

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 621 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WMSec 7 SE 1/4 of the NW 1/4 Tax Lot 600

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.41729400 DMS or DD

Long _____ ° _____ ' _____ " or -118.58089800 DMS or DD

☐ Street address of well ☒ Nearest address

CORNER LOT OF FAIRMONT AND FOURTH

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/10/2026			74
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 74.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/10/2026	74	165	85			74

(11) WELL LOGGround Elevation 4134.29 FT

Material	From	To
top soil	0	1
brown clay	1	7
course sand & clay	7	12
brown clay	12	34
brown sandy clay w/cracks	34	74
fine brown sand	74	96
grey fine sandy clay w/cracks	96	125
gray clay w/cracks silt	125	134
broken hard clay	134	152
tan hard clay w/cracks	152	165

Construction

Begin Date 8/5/2026 Begin Time 12 37 End Date 8/10/2026**(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 2098 Date 8/18/2026Signed DALTON RILEY (E-filed)**(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 1896 Date 8/19/2026Signed TONY HACKETT (E-filed)Drilling Company: Down Right Drilling & Pump

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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8/19/2026

Map of Hole

