

HARN 51410

Amendment

HARN 51410

Using Should Be NE 1/4 SE 1/4

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

WELL I.D. # L 13662
START CARD # 183977

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

(1) WELL OWNER: Name Travis Singare
Address 29327 Weaver Springs Ln, Burnsville, OR 97720

(9) LOCATION OF WELL by legal description:
County HARNEY Latitude Longitude
Township 25 Range 30 or W. WM.
Section 35 Subdivision
Tax Lot 1000 Loc Block Subdivision
Street Address of Well (or nearest address) 29327 Weaver Springs Ln, Burnsville, OR 97720

(2) WELL TYPE: Dewatering Alteration (repair/reconstruction) Abandonment

(10) STATIC WATER LEVEL:
45.8 ft. below land surface. Date 10-11-07
Artesian Pressure lb. per square inch. Date

(3) WELL CONSTRUCTION: Rotary Air Rotary Mud Auger Other

(11) WATER BEARING ZONES:
Depth at which water was first found 45

(5) BORE HOLE CONSTRUCTION:
Special Cement Grout Approval Yes No. Depth of Cement Grout Well 95 ft.

From	To	Estimated Flow Rate	SWL
45	85	400+	45.8

Date	From	To	Material	From	To	Backs or pounds
	14"	2	185			

(12) WELL LOG:
Ground Elevation

How was well placed? Method: A B C D E

Material	From	To	SWL
Sandy Top Soil	0	3	
Brown Clay Congl.	3	7	
Sandy Brown Clay	7	13	
Brown Clay Stone	13	24	
Brown Clay Congl.	24	46	
Thin Clay	46	70	45.8
Sandy Clay	70	105	
Brown Clay Stone	105	112	
Soft Gray Clay Congl.	112	120	
Green Clay	120	135	

Well cased back to 35'
Well will be finished, land owner permit & bond, by owner of property.
Drill log is still under review.

(6) CASING/LINER:
Casing: Plastic Welded Threaded
Surface casing to be installed by home owners bond

Date started 10-2-07 Completed 10-11-07

(7) PERFORATIONS/SCREENS:
 Perforations Method

(unbonded) Water Well Constructor Certification:
I certify that the work performed on the construction, 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.

From	To	Size	Number	Diameter	Material	Casing	Line

Signed _____ WWC Number _____ Date _____

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

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

Pump Baller Air Other
Flowing Artesian
Visible within Groundwater Drill string at Time

Signed Dana Allen WWC Number 1255 Date 10-16-07

Temperature of water 51 Depth Artesian Flow Found
Was a water analysis done? Yes By whom? No
Did any strata contain water not suitable for intended use? No
 Salty Muddy Odor Colored Other
Depth of strata: DET 81 2007

RECEIVED

DEC 17 2008

WATER RESOURCES DEPT
SALEM, OREGON

HARNEY 1410
51410

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

WELL I.D. # L. 13662
START CARD # 183977

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

(1) OWNER: Well Number _____
Name Travis Singhose
Address 29327 Weaver Springs Ln.
City Burns State Ore. Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 85 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	135				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface casing to be installed by home owners bond				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
			1 hr.

Temperature of water 57 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom? _____
Did any strainers in well become clogged for intended use? No A little Too little
 Salty Muddy Odor Colored Other _____
Depth of strainer _____

(9) LOCATION OF WELL by legal description:
County Harney Latitude _____ Longitude _____
Township 25 N or S Range 30 or W. WM.
Section 35 SE 1/4 SE 1/4
Tax Lot 2000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29327 Weaver Springs Ln, Burns, Ore, 97720

(10) STATIC WATER LEVEL:
45.8 ft. below land surface. Date 10-11-07
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 45

From	To	Estimated Flow Rate	SWL
45	85	400+	45.8

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy Top soil	0	3	
Brown clay congl.	3	7	
Sandy Brown clay	7	13	
Brown clay stone	13	24	
Brown clay congl.	24	46	
Tan clay	46	70	45.8
Sandy clay	70	105	
Brown clay stone	105	112	
Soft Gray clay congl.	112	120	
Green clay	120	135	

Date started 10-2-07 Completed 10-11-07

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.

WVC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.

WVC Number 1255
Signed Doug Allen Date 10-16-07

HARN 51511

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

HARN 51511
Bond # PF 0407

WELL LABEL # L 13662
START CARD # 183977
197585

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

(1) LAND OWNER Owner Well I.D.
First Name Travis Last Name Singhore
Company _____
Address 24327 Weaver Springs Ln
City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 196 ft.

BORE HOLE			SEAL					
Dia	From	To	Material	From	To	Amount	Scks/lbs	
14"	0	135	Bentonite	0	20'		42	
26"	0	135						
30"	136	196						

How was seal placed: Method A B C D E
 Other Parred dry & Tamp
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 0 ft. to 115 ft. Material gravel Size 3/8
Explosives used: Yes Type _____ Amount _____

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14"		0	196'	250	X		X	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Knife/machined
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X					60"	190"	1/4 x 1/4"			

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 300 gal Drawdown 12' Drill stem/Pump depth _____ Duration (hr) 6 hrs

Temperature 51 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below)

From	To	Description	Units

(9) LOCATION OF WELL (legal description)
County Harnley Twp 25 N or S Range 30 E or W W.M.
Sec 35 NE 1/4 of the SE 1/4 Tax Lot 2000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 24327 Weaver Springs Ln Burns, OR 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>4-4-08</u>			<u>55'</u>
Completed Well	<u>4-10-08</u>			<u>51'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 51'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>54'</u>	<u>80'</u>	<u>300</u>			

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Green clay</u>	<u>135</u>	<u>148</u>
<u>Broken clay frag</u>	<u>148</u>	<u>155</u>
<u>Blue clay stone</u>	<u>155</u>	<u>170</u>
<u>Soft Green clay</u>	<u>170</u>	<u>196</u>

RECEIVED
FEB 23 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 4-4-08 Completed 4-10-08

(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.

Bond # PF0407 Date 4-10-08
License Number _____ Date _____
Signed Travis Singhore
Contact Info. (optional) _____

RECEIVED
DEC 17 2008

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-04-2007

WELL LABEL # L 88801

START CARD # 1000758

(1) LAND OWNER Owner Well I.D. _____

First Name TRAVIS Last Name SINGHOSE
Company _____
Address 29327 WEAVER SPRINGS RD
City BURNS State OR Zip 97720

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

(3) DRILL METHOD
[] Rotary Air [] Rotary Mud [X] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other _____

(4) PROPOSED USE [] Domestic [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other _____

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy
Depth of Completed Well 125.00 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amt, sacks/lbs. Row 1: 26, 0, 18, Bentonite, 0, 18, 30, S

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other poured dry and tam

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

Filter pack from 0 ft. to 95 ft. Material gravel Size 3/8

Explosives used: [] Yes Type _____ Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Row 1: 22, 1, 20, .250, [X]

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type contin. slot Material stainless steel

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Row 1: 14, 29, 97, .1, 1

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 100, 1

Temperature 59 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 25.00 S N/S Range 30.00 E E/W WM
Sec 35 SE 1/4 of the NE 1/4 Tax Lot 2000
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
[] Street address of well [] Nearest address

29327 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), + SWL(ft). Row 1: 04-03-2007, 51

WATER BEARING ZONES

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 04-03-2007, 42, 118, 500, 51

(11) WELL LOG

Table with columns: Material, From, To. Rows: topsoil sandy loam (0-3), clay sandstone (3-7), clay brn (7-30), cinders sand brn (30-40), clay grey (40-46), sand grey fine/med (46-95), clay grey (95-110), sand gravel (110-118), clay brn (118-120), clay blue (120-125)

Date Started 03-20-2007 Completed 04-03-2007

(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 _____
Electronically Filed
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 1424 Date 04-04-2007
Electronically Filed
Signed TIMOTHY K RILEY (E-filed)
Contact Info (optional) _____

NOV 07 2011

WELL I.D. #L 88801

Harn 51763 ²

WATER RESOURCES DEPT

START CARD # 184793

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

(1) LAND OWNER Well Number _____
 Name TRAVIS SING HASE
 Address 29327 WEAVER SPRS. 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 155 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
<u>14"</u>	<u>125</u>	<u>155</u>				

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

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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) _____

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time HR
<u>25</u>	<u>0</u>		<u>1 HR</u>

Temperature of water 59 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 HARNLEY
 Tax Lot 2000 Lot _____
 Township 25.00S N or S Range 30.00E E or W WM
 Section 35 SE 1/4 NE 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)
 Street Address of Well (or nearest address) 29327 WEAVER SPRS

(10) STATIC WATER LEVEL
42 ft. below land surface. Date 12-6-10
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found NONE

From	To	Estimated Flow Rate	SWL
			<u>32 1/2</u>

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
<u>BLUE CLAY</u>	<u>125</u>	<u>135</u>	<u>32 1/2</u>
<u>SAND + GRAVEL</u>	<u>135</u>	<u>138</u>	
<u>HARD TAN CLAY</u>	<u>138</u>	<u>155</u>	

RECEIVED
RECEIVED
 JUN 23 2011 FEB 16 2011
 WATER RESOURCES DEPT WATER RESOURCES DEPT
 SALEM, OREGON SALEM, OREGON
 Date Started 12-6-10 Completed 12-10-10

(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 1-15-11
 Signed [Signature]

WATER WELL REPORT

STATE OF OREGON

RECEIVED

JUL 9 1981

State Well No. 255/30-3/p 23

WATER RESOURCES DEPT SALEM, OREGON

State Permit No.

(1) OWNER:

Name Dog Mountain Farm
Address P.O. Box 251
City Burns State Oreg

(2) TYPE OF WORK (check):

New Well [x] Deepening [] Reconditioning [] Abandon []

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air [] Driven []
Rotary Mud [] Dug []
Cable [x] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal []
Irrigation [x] Test Well [] Other []
Thermal: Withdrawal [] ReInjection []

(5) CASING INSTALLED:

Steel [] Plastic []
Threaded [] Welded [x]
12" Diam. from 0 ft. to 70 ft. Gauge 1260

LINER INSTALLED:

" Diam. from ft. to ft. Gauge

(6) PERFORATIONS:

Perforated? [] Yes [x] No

Type of perforator used

Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? [] Yes [x] No

Manufacturer's Name
Type Model No.
Diam. Slot Size Set from ft. to ft.
Diam. Slot Size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? [x] Yes [] No If yes, by whom? Driller
1050 gal./min. with 30 ft. drawdown after 15 1/2 hrs.

Air test gal./min. with drill stem at ft. hrs.

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m.

Temperature of water 56 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Special standards: Yes [] No [x]

Well seal—Material used Cement

Well sealed from land surface to 20 ft.

Diameter of well bore to bottom of seal 18 in.

Diameter of well bore below seal 12 in.

Number of sacks of cement used in well seal 12 sacks

How was cement grout placed? slurry mix

& poured

Was pump installed? Type HP Depth ft.

Was a drive shoe used? [x] Yes [] No Plugs Size: location ft.

Did any strata contain unusable water? [] Yes [x] No

Type of Water? depth of strata

Method of sealing strata off

Was well gravel packed? [] Yes [x] No Size of gravel: ft.

Gravel placed from ft. to ft.

(10) LOCATION OF WELL:

County Hainey Driller's well number
S. 5 X 7 E 1/4 Section 36 T. 265 R. 30 W.M.
Tax Lot # Lot Blk Subdivision
Address at well location:

(11) WATER LEVEL: Completed well.

Depth at which water was first found 40 ft.
Static level 32 ft. below land surface. Date 4/2/81
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 12

Depth drilled 100 ft. Depth of completed well 80 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

Table with columns: MATERIAL, From, To, SWL. Rows include Sand, Blue clay, Green clay, Sandstone, coarse fine Gravel, Rock Basalt.

Work started 3/10 19 81 Completed 4/2 1981

Date well drilling machine moved off of well 4/2/81 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

(Signed) [Signature] Date 4/2, 19.81

(Drilling Machine Operator)
Drilling Machine Operator's License No. 269

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Name ROSSBERG & SON

(Person, firm or corporation) (Type or print)

Address CRANE, OREGON

(Signed) John W. Rossberg

(Water Well Contractor)
Contractor's License No. 272 Date 4/2, 19.81

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

WATER RESOURCES DEPARTMENT, SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*12658-690

RECEIVED
HARN 51691

4
Harn
51691

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

OCT 06 2010

WELL I.D.# 99965

WATER RESOURCES DEPT
SALEM, OREGON

START CARD# 184824

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

(1) LAND OWNER
Name Wynand Sam Host Well Number _____
Address 62475 count line RD
City Burns State OR Zip 97701

(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 340 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE					
Diameter	From	To	Material	From	To
1 1/2	0	30	Bentonite	0	30
1 7/8	30	340	Seal	0	30

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

Casing	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	1 1/2	0	100	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
40	100	3/16	14	100		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 200 Drawdown 40 Drill stem at _____ Time _____

Temperature of water 58° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom FEB 25 2010
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Harn
Tax Lot 4100 Lot _____
Township 25 S N or S Range 30 E E or W WM
Section 34 NW 1/4 NW 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) WEAVER SPRING RD Burns OR

(10) STATIC WATER LEVEL
40 ft. below land surface. Date 11-19-09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES			
Depth at which water was first found <u>80</u>			
From	To	Estimated Flow Rate	SWL
80	120	200	

(12) WELL LOG			
Material	Ground Elevation		SWL
	From	To	
SOIL	0	5	
Brown SAND	5	30	
Grey CLAY	30	80	
Black CLAY	80	100	
BLACK BASALT	100	120	
Red CLAY	120	250	
Green CLAY	120	250	
Black CLAY	250	340	

Date Started 11-19-09 Completed 11-19-09

(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.

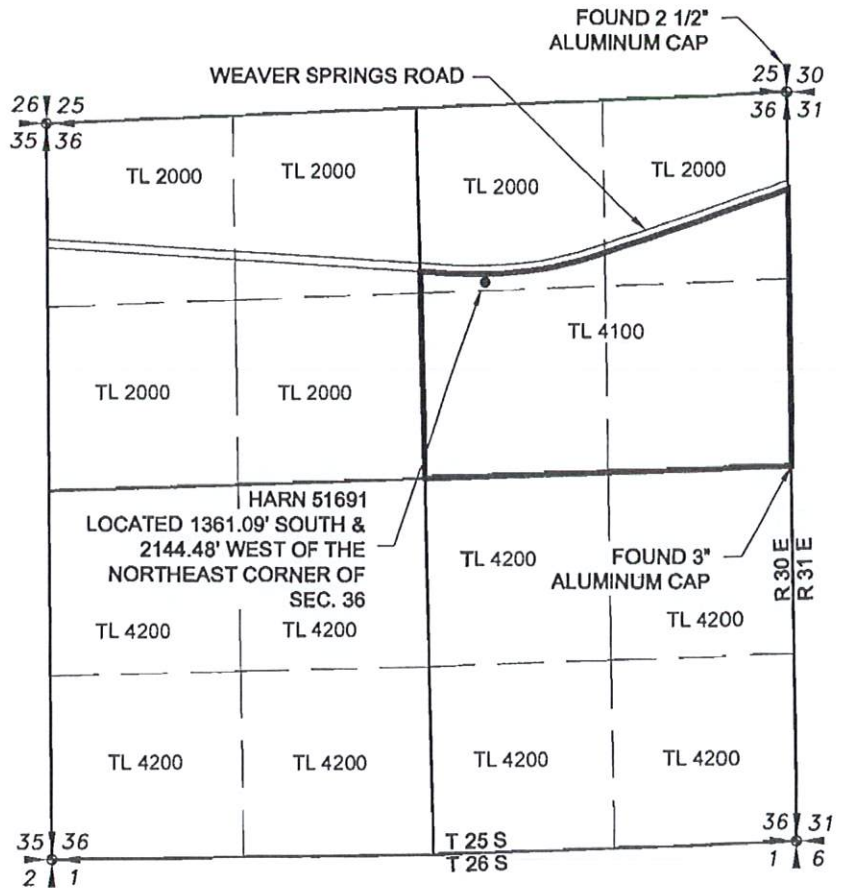
WWC Number 1557 Date 11-20-09
Signed Paul W...

RECEIVED

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON

HARN 51691



SCALE: 1"=1320'

RECEIVED

LAND OWNER SUBMITTED MAP

FEB 17 2011

WATER RESOURCES DEPT
SALEM, OREGON

HARN 51821

5

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

WELL I.D. # 99959
 START CARD # 184965

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

(1) LAND OWNER Well Number _____
 Name TRAVIS Singhose
 Address 29327 Weaver Springs LN
 City BURNS State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 160 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	18	Bentonite	18	18	40 Sacks
16"	18	130				
14"	130	160				

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	#2	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	#2	130	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
10	130	3/16	1680	14"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	130					<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
25 gal/min	0		1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 54° 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 by legal description:
 County HARNEY Latitude _____ Longitude _____
 Township 25S N or S Range 30E E or W. WM.
 Section 3.5 NW/4 SE 1/4
 Tax Lot 2000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 29327 Weaver Springs LN

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 11-23-11
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 75 ft

From	To	Estimated Flow Rate	SWL
75'	160'	1000 gal/min.	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
Brown Sandy clay	3	75	
Black cinder	7.5	130	
fractured rock	130	160	

RECEIVED

DEC 12 2011

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 10-6-11 Completed 11-23-11

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 Signed Beal Williams WWC Number 1882 Date 11-23-11

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 Signed Beal Williams WWC Number 1557 Date 11-23-11

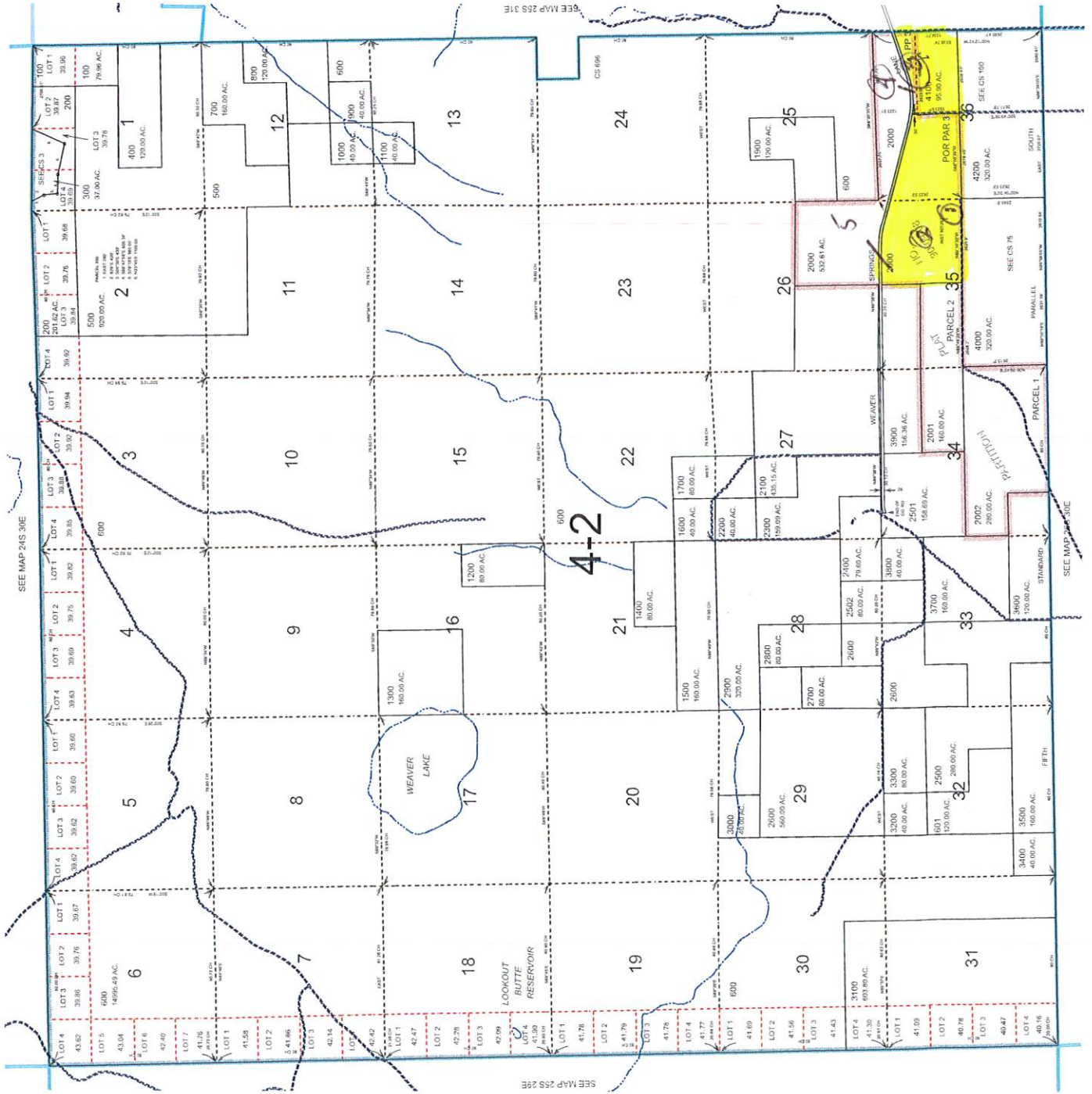
T.25S. R.30E. W.M.
HARNEY COUNTY

25S30E

Cancelled Nos.
 1800 (2013)

THIS MAP WAS PREPARED FOR
 ASSESSMENT PURPOSE ONLY

1" = 2000'



PRINTED ON
 Date: 6/9/2021

25S30E