

Revisions Requested

WELL LABEL # L 92409

START CARD # 184813

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

(1) LAND OWNER Owner Well I.D. _____
 First Name DAVE Last Name CLARK
 Company _____
 Address P.O. B - 1 Hines OR
 City Hines State OR Zip 97738

(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 50 ft.

| BORE HOLE | | | SEAL | | | |
|-----------|------|----|----------|------|----|-----------------|
| Dia | From | To | Material | From | To | Amount Scks/lbs |
| 10 | 0 | 20 | BEANUT | 0 | 20 | 10 |
| | | | | | | |
| | | | | | | |

How was seal placed: Method A B C D E

Other POUR IN ORY
 Backfill placed from _____ ft. to _____ ft. Material _____

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

| Csng | Lnr | Dia | + | From | To | Gauge | Steel | Plastic | Welded | Thrd |
|------|-----|-----|---|------|----|-------|-------|---------|--------|------|
| X | | 6 | X | 1 | 50 | 250 | X | | X | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

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

| Perf | Scrn | Csng | Lnr | Screen Dia | From | To | Screen/slot width | Slot length | # of slots | Tele/pipe size |
|------|------|------|-----|------------|------|----|-------------------|-------------|------------|----------------|
| X | | X | | | 30 | 50 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| | | | |
| | | | |

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

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

(9) LOCATION OF WELL (legal description)
 County HARNY Twp 255 N or S Range 31E E or W W.M.
 Sec 23 SW 1/4 of the SW 1/4 Tax Lot _____
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 32635
Ru & Red Lane Burns OR 97720

(10) STATIC WATER LEVEL

| Existing Well/Predeepening | Date | SWL (psi) | + | SWL (ft) |
|----------------------------|---------------|-----------|---|-----------|
| Completed Well | <u>8-1-14</u> | | | <u>10</u> |

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

| SWL Date | From | To | Est Flow | SWL (psi) | + | SWL (ft) |
|---------------|-----------|-----------|----------|-----------|---|----------|
| <u>8-1-14</u> | <u>10</u> | <u>50</u> | <u>5</u> | | | |
| | | | | | | |
| | | | | | | |

(11) WELL LOG Ground Elevation _____

| Material | From | To |
|-------------------|----------|-----------|
| <u>BROWN SAND</u> | <u>0</u> | <u>50</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

RECEIVED BY OWRD

SEP 03 2014

SALEM, OR

Date Started 8-1-14 Completed 8-1-14

(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 1552 Date 9-1-14

Signed Paul Wilson

Contact Info. (optional) _____