



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well

Type of Work: NEW

Well Report: HARN 51507 [View Log](#) [Groundwater Site](#)

Well Label: 98089

Start Card: 200507

Original Report:

Owner Well Nbr:

Company Job Nbr:

Primary Use: IRRIGATION

Complete Date: 10/30/2008

Land Owner

Name:

Company: SPENCER CHILDERS HAY RANCH

30040 WEAVER SPRINGS LANE

Address:
BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.32611600

Longitude: -119.04908600

Horiz. Error: 2.00 ft.

Location

County: HARN

TRSQQ: WM26.00S31.00E7SWSE

Tax Map:

Tax Lot: 1002

Lot:

Block:

Subdivision:

Street of Well: 30040 WEAVER SPRINGS RD,
BURNS, OR

WM District: 10

Surface Elev: 4102.69 FT

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

FFFFFFFF

Well Construction

(Click to Collapse...)

Construction

Start Date: 10/02/2008

Completed Date: 10/30/2008

Drill Method: Rotary Air , Rotary Mud

Depth of Completed Well: 380.00

Est. Depth Drilled: 480.00

Special Standards: ☐

Seal Placed Method:

Abandonment Start Date:

Abandonment Completed Date:

Backfill

Backfill Placement:

Backfill Material:

Explosives Used: ☐

Explosive Type:

Explosive Amount:

Filter Pack

Filter Pack:

Filter Pack Material:

Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	14.00	2.00	105.00	.250	ST	•						

Temporary Casing

No data matches search criteria.

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

HARN 51507

HARN 51507
WELL LABEL # L 98089
START CARD # 200 507

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

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company SPENCER CHILDERS HAY RANCH
Address 30040 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 380 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	25'	CEMENT	0	25'	20	Scks
16"	25	105					
14"	105	340					
8"	340	480					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	2"	105	.250	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

300+ 200' 1 1/2

Temperature 69 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 N of 31 Range 31 or W W.M.

Sec 07 SW 1/4 of the SE 1/4 Tax Lot 1002

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>11-12-08</u>			<u>32</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 35'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>10-23-08</u>	<u>35</u>	<u>317</u>	<u>2000</u>			<u>32</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	3
CEMENTED GRAVEL	3	8
GRAY CLAY	8	35
BLACK CLAY/SAND	35	102
FRACTURED GRAY CLAY	102	317
BLACK CLAY	317	480

BOTTOM 100 FEET
FILLED IN

Date Started 10-02-08 Completed 10-30-08

(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 1137 Date 11-24-08

Signed Andy Foy

(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 1355 Date 11-24-08

Contact Info. (optional)
Lin & Jay



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: DEEPENING
Well Report: HARN 51648 [View Log](#) [Groundwater Site](#)
Well Label: 98091
Start Card: 199659
Original Report: HARN 51508 [View Original Log](#)
Owner Well Nbr:
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 09/10/2009

Land Owner

Name:
Company: CHILDERS HAY RANCH
30040 WEAVER SPRINGS LANE
Address: BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.33095000
Longitude: -119.05000000
Horiz. Error: 11.40 ft.

Location

County: HARN
TRSQQ: WM26.00S31.00E7SENW
Tax Map:
Tax Lot: 1002
Lot:
Block:
Subdivision:
Street of Well: 30040 WEAVER SPRINGS RD
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 09/04/2009
Completed Date: 09/10/2009
Drill Method: Rotary Air
Depth of Completed Well: 540.00
Est. Depth Drilled: 540.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

No data matches search criteria.

Temporary Casing

No data matches search criteria.

Perforations

HARN 51648

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # 98091

START CARD # 199659

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

(1) LAND OWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company SPENCER CHILDREN'S HOSPITAL
Address 30040 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 540 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amount	Scks/lbs
12"	311	410	DEEPEN ONLY	SEAL	UNDISTURBED		
6"	410	540					

SEAL

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Casing	Liner	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Grill stand pump depth	Duration (hr)
150		400	1

Temperature 69°F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 No 31 Range 31 or W. W.M.
Sec 07 SE 1/4 of the NW 1/4 Tax Lot 1002
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	9-04-09		-	30
Completed Well	9-10-09		-	30

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found 40'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-04-08	40	311	150+		-	30

(11) WELL LOG

Ground Elevation _____

Material	From	To
GRAY-GREEN CLAY	311	540
NO ADDITIONAL WATER FOUND		

RECEIVED

SEP 28 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 9-04-09 Completed 9-10-09

(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.

License Number 1734 Date 9-21-09

Signed Chadwick

(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 1355 Date 9-23-09

Signed Arthur L. Jay

Contact Info. (optional)

HARN 51508

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

HARN 51508

WELL LABEL # L 78091

START CARD # 200508

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

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company SPENCER CHILDERS HAY RANCHAddress 30040 WEAVER SPRINGS LN.City BURNSState ORZip 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 311 ft.**BORE HOLE****SEAL**

Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	18	CEMENT	0	18	20	SCKS
20"	18	311					

How was seal placed: Method

☐ A☐ B☒ C☐ D☐ E☐ Other _____

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
✓		20"	+	1	19'	.250	✓			
	✓	14"	+	2	311	.250	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temporary casing ☐ Yes Diameter _____ From _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method HOLE PERFORATION

Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		-100	300				

(8) WELL TESTS: Minimum testing time is 1 hour☐ Pump☐ Bailer☒ Air☐ Flowing ArtesianYield gal/min 130Drawdown 300'Drill Stem/Pump depth 300'Duration (hr) 2 hr.Temperature 69 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County HARNEYTwp 24N or S SRange 31E or W WSec 07SE1/4 of the NW1/4 Tax Lot 1002

Tax Map Number _____

Lot _____

Lat _____

' or _____

DMS or DD

Long _____

' or _____

DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>12-04-08</u>			<u>30'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes**WATER BEARING ZONES**Depth water was first found 40'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>12-04-08</u>	<u>40</u>	<u>311</u>	<u>130+</u>			

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>SANDY TOPSOIL</u>	<u>0</u>	<u>3</u>
<u>ROCKY BLEN CLAY</u>	<u>3</u>	<u>15</u>
<u>GREEN CLAY</u>	<u>15</u>	<u>40</u>
<u>BLACK SAND-CLAY STREAKS</u>	<u>40</u>	<u>70</u>
<u>GRAY CLAY - SAND STREAKS</u>	<u>70</u>	<u>311</u>

Date Started 10-27-08 Completed 12-04-08**(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 1739Date 12-04-08Signed Charles Foy**(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 1355Date 12-04-08Signed Arthur L. J.

Contact Info. (optional) _____

RECEIVED

DEC 08 2008

WATER RESOURCES DEPT

SALEM, OREGON

DEC 26 2008

WATER RESOURCES DEPT

SALEM, OREGON

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTION COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006


Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well

Type of Work: NEW

Well Report: HARN 51720 [View Log](#) [Groundwater Site](#)

Well Label: 102524

Start Card: 1010935

Original Report:

Owner Well Nbr:

Company Job Nbr:

Primary Use: IRRIGATION

Complete Date: 08/16/2010

Land Owner

Name:

Company: CHILEDERS HAY RANCH

30040 WEAVER SPRINGS LANE

Address: BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.32869764

Longitude: -119.04887936

Horiz. Error: 9999.00 ft.

Location

County: HARN

TRSQQ: WM26.00S31.00E7SWSE

Tax Map:

Tax Lot: 1002

Lot:

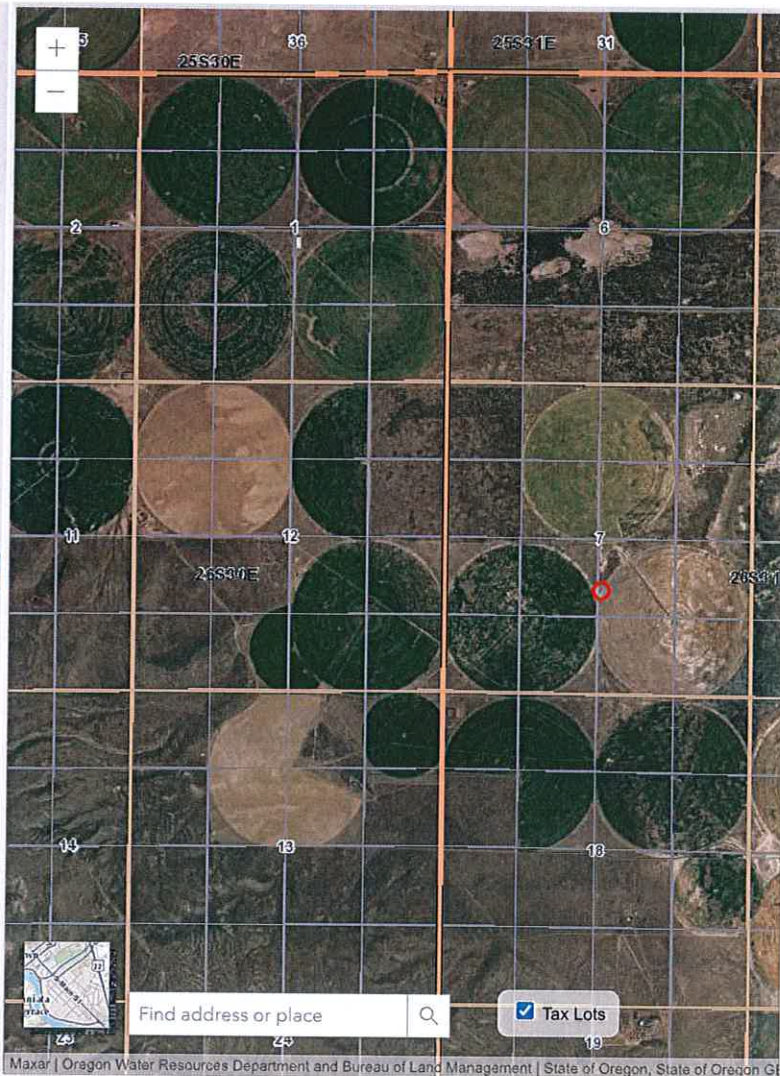
Block:

Subdivision:

Street of Well: 30040 WEAVER SPRINGS LANE

WM District: 10

Surface Elev:

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 08/10/2010

Completed Date: 08/16/2010

Drill Method: Rotary Air

Depth of Completed Well: 450.00

Est. Depth Drilled: 450.00

Special Standards: ☐

Seal Placed Method:

Abandonment Start Date:

Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft

Backfill Material:

Explosives Used: ☐

Explosive Type:

Explosive Amount:

Filter Pack

Filter Pack:

Filter Pack Material:

Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	18.00	0.00	18.00
2	14.00	18.00	450.00

Seal

Row	Material	From (ft)	To (ft)	Amount	Amount Calc.
1	Bentonite Chips	0.00	18.00	50.00	

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	14.00	2.00	160.00	.250	ST	•						

Temporary Casing

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

HARN 51720

08-23-2010

Page 1 of 1

WELL LABEL # L 102524

START CARD # 1010935

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company CHILEDERS HAY RANCH
Address 30040 WEAVER SPRINGS LANE
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
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)

Depth of Completed Well 450.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
18	0	18	Bentonite Chips	0	18	50 S
14	18	450				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured dry & tamp

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	160	.250	<input checked="" 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"/>	<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 _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
	Liner							

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000		150	1

Temperature 62 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 31.00 E E/W WM

Sec 7 SW 1/4 of the SE 1/4 Tax Lot 1002

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

30040 WEAVER SPRINGS LANE

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	08-16-2010			38

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 38

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
08-16-2010	38	420	1,000			38

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil clay & loam	0	2
Clay brown	2	24
Clay grey	24	40
Cinders sand black	40	90
Clay green	90	105
Sand fine black	105	120
Clay grey	120	140
Sand medium black	140	151
Clay green	151	210
Sand medium	210	218
Claystone green	218	310
Cinders black	310	370
Clay green	370	420
Clay black	420	450

RECEIVED

DEC 06 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 08-10-2010 Completed 08-16-2010

(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 08-23-2010

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

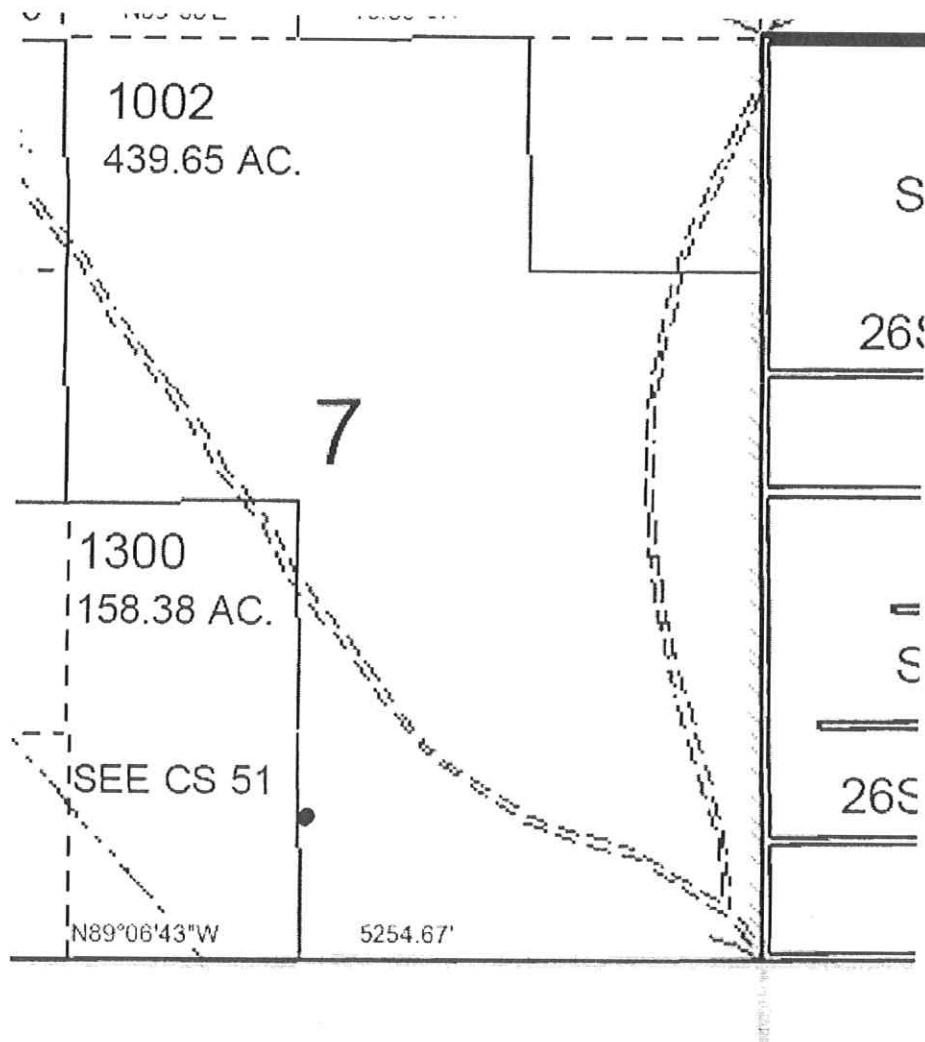
Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

EXEMPT USE WELL LOCATION MAP



↑N

Harney County

Assessor Map Reference Number: 26S 31E 7 SWSE; Tax Lot 1002

Street Address of Well, if Available: 30040 Weaver Springs Lane, Burns, OR.

Well Log # HARN 51720. Well Label (ID Tag) # L 102524. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.). You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/OWRD/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

MAP NOT TO SCALE

RECEIVED

OCT 01 2010

WATER RESOURCES DEPT
SALEM, OREGON

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.

HARN 1098 WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 255/30E-354b

State Permit No. _____

(1) OWNER:

Name CHOWNING & ASSOCIATES

Address RT. 1 BOX 1109
HEMISTON, OREGON 97838

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
☐ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☒
16" Diam. from 0 ft. to 168 ft. Gage .312
" Diam. from " ft. to " ft. Gage
" Diam. from " ft. to " ft. Gage

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used factory lured

Size of perforations 1/8 in. by 3 in.
4032 perforations from 72 ft. to 168 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ 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? ☒ Yes ☐ No If yes, by whom? W.W.W.

Yield: 2000 gal./min. with 36 ft. drawdown after 24 hrs.

" " " "

" " " "

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

Artesian flow g.p.m.

Temperature of water 58 Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT GROUT

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 30 in.

Diameter of well bore below seal 30 in.

Number of sacks of cement used in well seal 60 sacks

How was cement grout placed? GROUT PUMP

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? GOOD depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 5.8-

Gravel placed from 18 ft. to 175 ft.

(10) LOCATION OF WELL:

County HARNEY Driller's well number #1
NW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 35 T. 25S R. 30E W.M.

Bearing and distance from section or subdivision corner

~~XXX~~ 50' WEST & 6' NORTH OF THE
SE CORNER OF THE NW $\frac{1}{4}$ OF THE SE $\frac{1}{4}$ OF SE 35

(11) WATER LEVEL: Completed well.

Depth at which water was first found 26 ft.

Static level 26 ft. below land surface. Date 1/14/80

Artesian pressure NONE lbs. per square inch. Date 1/14/80

(12) WELL LOG: Diameter of well below casing 16"

Depth drilled 175 ft. Depth of completed well 168 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.

MATERIAL	From	To	SWL
sandy top soil	0	8	
cinders & gravel	8	14	
tan clay	14	26	
multi colored cinders	26	50	
dark cinders	50	70	
gray soft clay	70	115	
" "	115	120	
gray sandstone	120	125	
black course cinders	125	165	
dark cinders & clay	165	175	

RECEIVED

JAN 22 1980

WATER RESOURCES DEPT
SALEM, OREGON

Work started 1/9 1980 Completed 1/14 1980

Date well drilling machine moved off of well 1/14 1980

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] James B. Brown Date 1/15, 1980
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1035

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 WESTERN WATER WELLS INC.
(Person, firm or corporation) (Type or print)

Address P.O. BOX 294 BURNS, OREGON 97720

[Signed] James B. Brown
(Water Well Contractor)

Contractor's License No. 659 Date 1/15, 1980

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHILDERS HAY RANCH, INC.

Mailing Address: 548 MARKET ST #33940

City, State, Zip: SAN FRANCISCO, CA 94104-5401

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: CHILDERS HAY RANCH, INC.

City, State, Zip: 30040 WEAVER SPRINGS LANE, BURNS, OR 97720

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25 S (North / South) Range: 30 E (East / West) Section: 35
Tax Lot: 4000 County: HARNEY NW 1/4 SE 1/4

GPS Coordinates: _____

Street Address of Well, City: _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 01/14/1980 Total Well Depth: 168 ft. Casing Diameter: 16"

Owner at time the well was constructed (if known): CHOWNING & ASSOCIATES

Other Information: HARN 1098 OWNERS WELL NO. 1

SUBMITTED BY (please print): WATER RIGHT SERVICES, LLC., P.O. BOX 1830, BEND, OR 97709

PHONE: (541)389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

5-26-15

Well Log Number:

HARN 1098

Well Identification #:

RECEIVED BY OWRD L-118446



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
 Type of Work: NEW
 Well Report: HARN 1097 [View Log](#) [Groundwater Site](#)
 Well Label: 130046
 Start Card:
 Original Report:
 Owner Well Nbr:
 Company Job Nbr:
 Primary Use: IRRIGATION
 Complete Date: 01/17/1980

Land Owner

Name:
 Company: CHOWNING & ASSOC.
 RT 1 BOX 1109
 Address: HERMISTON, OR 97838

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.35646819
 Longitude: -119.08392165
 Horiz. Error: 9999.00 ft.

Location

County: HARN
 TRSQQ: WM25.00S30.00E35NWSE
 Tax Map:
 Tax Lot: 4000
 Lot:
 Block:
 Subdivision:
 Street of Well: OWNERS WELL NO 2
 WM District: 10
 Surface Elev:

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 01/15/1980
 Completed Date: 01/17/1980
 Drill Method: OTHER - ROTARY
 Depth of Completed Well: 168.00
 Est. Depth Drilled: 175.00
 Special Standards: ☐
 Seal Placed Method:
 Abandonment Start Date:
 Abandonment Completed Date:

Backfill

Backfill Placement:
 Backfill Material:
 Explosives Used: ☐
 Explosive Type:
 Explosive Amount:

Filter Pack

Filter Pack:
 Filter Pack Material:
 Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	16.00	0.00	168.00	.312		•						

Temporary Casing

No data matches search criteria.

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.

HARN 1097 WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 255/30E-35d

State Permit No. _____

(1) OWNER:

Name CHOWNING & ASSOCIATES

Address RT. 1 BOX 1109

HERMISTON, OREGON 97838

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
☐ Jetted ☐
☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) CASING INSTALLED:

16" Diam. from 0 ft. to 168 ft. Threaded ☐ Welded ☒
Gage 312

" Diam. from _____ ft. to _____ ft. Gage _____

" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used FACTORY LUVERED

Size of perforations 1/8 in. by 3 in.

4032 perforations from 72 ft. to 168 ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ 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? ☒ Yes ☐ No If yes, by whom? W.W.W.

Yield: 2050 gal./min. with 11 ft. drawdown after 24 hrs.

" " " " "

" " " " "

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

Artesian flow g.p.m.

Temperature of water Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used CEMENT GROUT

Well sealed from land surface to 18 ft.

Diameter of well bore to bottom of seal 30 in.

Diameter of well bore below seal 30 in.

Number of sacks of cement used in well seal 57 sacks

How was cement grout placed? GROUT PUMP

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? GOOD depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 5/8

Gravel placed from 18 ft. to 175 ft.

(10) LOCATION OF WELL:

County HARNEY

Driller's well number #2

NW 1/4 Section 8 T. 26 S. R. 30 E. W.M.

Bearing and distance from section or subdivision corner

30' west & 15' north of SE corner
of the NW 1/4 of SE 1/4 of Sec 35

(11) WATER LEVEL: Completed well,

Depth at which water was first found 35 ft.

Static level 22 ft. below land surface. Date 1/18/80

Artesian pressure none lbs. per square inch. Date 1/18/80

(12) WELL LOG:

Diameter of well below casing 3.0"

Depth drilled 175 ft. Depth of completed well 168 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.

MATERIAL	From	To	SWL
sandy loam	0	10	
green clay	10	35	
black cinders	35	50	
green clay	50	53	
gray sandy clay	53	55	
black cinders	55	65	
gray sandy clay	65	78	
cinders & green sand	78	83	
gray & green claystone	83	101	
black cinders & gravel	101	125	
tan clay	125	137	
brown course cinders	137	175	

RECEIVED

JAN 22 1980

WATER RESOURCES DEPT
SALEM, OREGON

Work started 1/15 19 80 Completed 1/17 19 80

Date well drilling machine moved off of well 1/17 19 80

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] James B. Blair Date 1/19, 19 80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1035

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 WESTERN WATER WELLS INC.

(Person, firm or corporation)

(Type or print)

Address P.O. BOX 294 BURNS, OREGON 97720

[Signed] James B. Blair
(Water Well Contractor)

Contractor's License No. 659 Date 1/19, 19 80

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHILDERS HAY RANCH, INC.

Mailing Address: 548 MARKET ST #33940

City, State, Zip: SAN FRANCISCO, CA 94104-5401

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: CHILDERS HAY RANCH, INC.

City, State, Zip: 30040 WEAVER SPRINGS LANE, BURNS, OR 97720

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25 S (North / South) Range: 30 E (East / West) Section: 35
Tax Lot: 4000 County: HARNEY NW 1/4 SE 1/4

GPS Coordinates: _____

Street Address of Well, City: _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 01/17/1980 Total Well Depth: 168 ft. Casing Diameter: 16"

Owner at time the well was constructed (if known): CHOWNING & ASSOCIATES

Other Information: HARN 1097 OWNERS WELL NO. 2

SUBMITTED BY (please print): WATER RIGHT SERVICES, LLC., P.O. BOX 1830, BEND, OR 97709

PHONE: (541)389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

**Tag lost! New # at
deepening: L 130046**

For Official Use Only by the Oregon Water Resources Department:

Received Date:

5-26-15

Well Log Number:

HARN 1097

Well Identification #:

RECEIVED BY OWRD L-118447

MAY 26 2015



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: NEW
Well Report: HARN 1323 [View Log](#) [Groundwater Site](#)
Well Label: 118448
Start Card:
Original Report:
Owner Well Nbr:
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 01/28/1980

Land Owner

Name:
Company: CHOWNING AND ASSOCIATES
RT 1 BOX 1109
Address: HERMISTON, OR 97838

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34904108
Longitude: -119.09384209
Horiz. Error: 9999.00 ft.

Location

County: HARN
TRSQQ: WM26.00S30.00E2NWNW
Tax Map:
Tax Lot: 300
Lot:
Block:
Subdivision:
Street of Well: OWNER WELL NO 3
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 01/21/1980
Completed Date: 01/28/1980
Drill Method: OTHER - ROTARY
Depth of Completed Well: 168.00
Est. Depth Drilled: 170.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	16.00	0.00	168.00	.312		•						

Temporary Casing

No data matches search criteria.



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHILDERS HAY RANCH, INC.

Mailing Address: 548 MARKET ST #33940

City, State, Zip: SAN FRANCISCO, CA 94104-5401

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: CHILDERS HAY RANCH, INC.

City, State, Zip: 30040 WEAVER SPRINGS LANE, BURNS, OR 97720

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 26 S (North / South) Range: 30 E (East / West) Section: 2

Tax Lot: 300 County HARNEY NW 1/4 NW 1/4

GPS Coordinates: _____

Street Address of Well, City: _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 01/28/1980 Total Well Depth: 168 ft. Casing Diameter: 16"

Owner at time the well was constructed (if known): CHOWNING & ASSOCIATES

Other Information: HARN 1323 OWNERS WELL NO. 3

SUBMITTED BY (please print): WATER RIGHT SERVICES, LLC., P.O. BOX 1830, BEND, OR 97709

PHONE: (541)389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

5-26-15

Well Log Number:

HARN 1323

Well Identification #:

RECEIVED BY OWRD L-118448

MAY 26 2015

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.

HARN 1322 WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No. 265/30E-2a1

State Permit No. _____

(1) OWNER:

Name CHOWNING & ASSOCIATES
Address RT. 1 BOX 1109
HERMISTON, OREGON 97838

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☐ Industrial ☐ Municipal ☐
Irrigation ☒ Test Well ☐ Other ☐

(5) CASING INSTALLED:

Threaded ☐ Welded ☒
16" Diam. from 0 ft. to 168 ft. Gage .312
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used factory louvered

Size of perforations 1/8 in. by 3 in.
4032 perforations from 72 ft. to 168 ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ 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? ☒ Yes ☐ No If yes, by whom? W.W.W.

470 gal./min. with 38 ft. drawdown after 24 hrs.
" " " " "
" " " " "

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

Artesian flow g.p.m.

Temperature of water 58 Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used cement grout
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 30 in.
Diameter of well bore below seal 30 in.
Number of sacks of cement used in well seal 66 sacks
How was cement grout placed? grout pump

Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? good depth of strata _____

Method of sealing strata off _____

Was well gravel packed? ☒ Yes ☐ No Size of gravel: 5/8

Gravel placed from 18 ft. to 175 ft.

(10) LOCATION OF WELL:

County HARNEY Driller's well number #4
NW 1/4 NE 1/4 Section 2 T.26S R.30E W.M.

Bearing and distance from section or subdivision corner

1' north & 20 west of the SW corner of
the NW 1/4 of the NE 1/4 Sec 2

(11) WATER LEVEL: Completed well.

Depth at which water was first found 25 ft.

Static level 34 ft. below land surface. Date 2/15/80

Artesian pressure none lbs. per square inch. Date 2/15/80

(12) WELL LOG:

Diameter of well below casing 30

Depth drilled 179 ft. Depth of completed well 168 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.

MATERIAL	From	To	SWL
sandy loam	0	8	
dark cinders	8	12	
gray clay	12	25	
dark cinders	25	72	
gray clay	72	80	
gray fine sandstone	80	82	
dark cinders	82	94	
gray clay	94	122	
gray claystone	122	130	
black silty clay	130	155	
black cinders	155	170	
gray clay	170	175	

RECEIVED
FEB 11 1980
WATER RESOURCES DEPT
SALEM, OREGON

Work started 1/28 1980 Completed 1/30 1980

Date well drilling machine moved off of well 1/31 1980

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] Paul B. Bunn Date 2/15/80
(Drilling Machine Operator)

Drilling Machine Operator's License No. 1035

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 WESTERN WATER WELLS INC.
(Person, firm or corporation) (Type or print)

Address P.O. BOX 294 BURNS, OREGON 97720

[Signed] Paul B. Bunn
(Water Well Contractor)

Contractor's License No. 659 Date 2/15, 1980

(USE ADDITIONAL SHEETS IF NECESSARY)

SP*45656-119



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHILDERS HAY RANCH, INC.

Mailing Address: 548 MARKET ST #33940

City, State, Zip: SAN FRANCISCO, CA 94104-5401

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: CHILDERS HAY RANCH, INC.

City, State, Zip: 30040 WEAVER SPRINGS LANE, BURNS, OR 97720

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 26 S (North / South) Range: 30 E (East / West) Section: 2
Tax Lot: 300 County HARNEY NW 1/4 NE 1/4

GPS Coordinates: _____

Street Address of Well, City: _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION

Date Well Constructed (or property built): 01/30/1980 Total Well Depth: 168 ft. Casing Diameter: 16"

Owner at time the well was constructed (if known): CHOWNING & ASSOCIATES

Other Information: HARN 1322 OWNERS WELL NO. 4

SUBMITTED BY (please print): WATER RIGHT SERVICES, LLC., P.O. BOX 1830, BEND, OR 97709

PHONE: (541)389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

5-26-15

Well Log Number:

HARN 1322

Well Identification #:

RECEIVED BY OWRD L-118449

MAY 26 2015



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: NEW
Well Report: HARN 50887 [View Log](#) [Groundwater Site](#)
Well Label: 51747
Start Card: 144604
Original Report:
Owner Well Nbr:
Company Job Nbr: 4-3
Primary Use: IRRIGATION
Complete Date: 06/21/2002

Land Owner

Name: HERB VLOEDMAN
Company:
Address: HC 71 BOX 213
BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34928977
Longitude: -119.08420490
Horiz. Error: 1.00 ft.

Location

County: HARN
TRSQQ: WM26.00S30.00E2NWNE
Tax Map:
Tax Lot: 300
Lot:
Block:
Subdivision:
Street of Well: WEAVER SPRINGS RD
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 06/12/2002
Completed Date: 06/21/2002
Drill Method: Cable
Depth of Completed Well: 183.00
Est. Depth Drilled: 183.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
59169	C	24.00	1.00	40.00	.250	ST	•						

Temporary Casing

No data matches search criteria.

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

WELL I.D. # L 51747
START CARD # 144604

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

(1) LAND OWNER Well Number #4-3
Name Herb Vloedman
Address HC 71 Box 213
City Burns State OR Zip 97730

(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 183 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	18	cement	0	18	1.5 yards
24	18	90				
22	90	183				

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

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 183 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	24	+1	40	260	<input checked="" 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"/>
Liner:	16	+1.5	183		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<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 factory cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	140	1/8 x 3	2720	16		<input type="checkbox"/>	<input checked="" type="checkbox"/>
160	180	1/8 x 3	600	16		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

	<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
	Yield gal/min	Drawdown	Drill stem at	Time
	50	2'		1 hr.

Temperature of water 58° Depth Artesian Flow Found _____

Was a water analysis done? ☒ NO ☐ 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 Hainey Latitude _____ Longitude _____
Township 26 S N or S Range 30 E E or W. WM.
Section 2 NW 1/4 NE 1/4

Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Waver Springs Rd

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 6-21-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 52

From	To	Estimated Flow Rate	SWL
52	180	1000	52

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy loam	0	3	
Sand cinders	3	12	
clay grey	12	25	
cinders brn	25	72	52
sand blk canna	72	85	52
sand cinders canna	85	89	52
clay grey	89	110	52
cinders blk	110	133	52
sand cinders	133	180	52
clay grey	180	183	52

RECEIVED

JUL 05 2002

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6-12-02 Completed 6-21-02

(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.

WWC 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.

WWC Number 1424
Signed Timothy K. Riky Date 6-30-02



Well Information

(Click to Collapse...)



Identification

Type of Report: Water Well

Type of Work: ALTERATION

Well Report: HARN 51539 [View Log](#) [Groundwater Site](#)

Well Label: 21288

Start Card: 199656

Original Report: HARN 50315 [View Original Log](#)

Owner Well Nbr:

Company Job Nbr:

Primary Use: IRRIGATION

Complete Date: 02/17/2009

Land Owner

Name:

Company: CHILDERS HAY RANCH

30040 WEAVER SPRINGS LANE

Address:
BURNS, OR 97720

Location

(Click to Collapse...)



Latitude/Longitude

Latitude: 43.34187760

Longitude: -119.06421855

Horiz. Error: 1.00 ft.

Location

County: HARN

TRSQQ: WM26.00S30.00E1SWSE

Tax Map:

Tax Lot: 300

Lot:

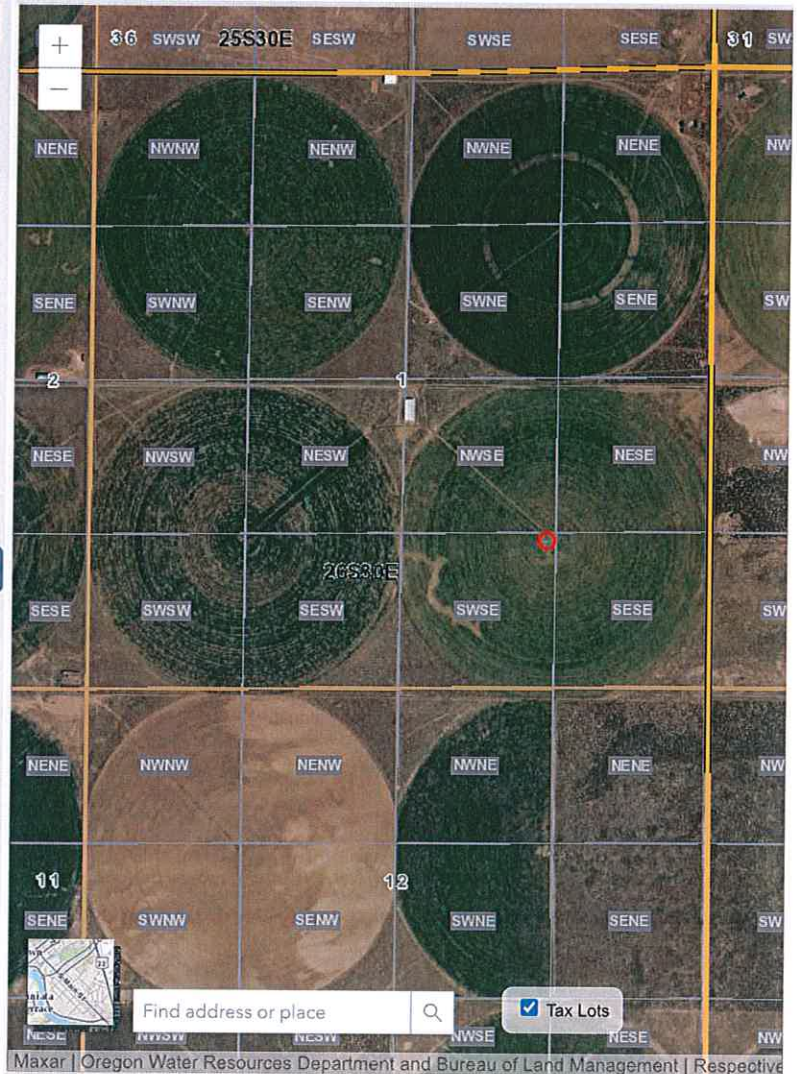
Block:

Subdivision:

Street of Well: 30040 WEAVER SPRINGS LANE

WM District: 10

Surface Elev: 4105.27 FT

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

FFFFFF

Well Construction

(Click to Collapse...)

Construction

Start Date: 02/09/2009

Completed Date: 02/17/2009

Drill Method: Rotary Air

Depth of Completed Well: 275.00

Est. Depth Drilled:

Special Standards: ☐

Seal Placed Method:

Abandonment Start Date:

Abandonment Completed Date:

Backfill

Backfill Placement:

Backfill Material:

Explosives Used: ☐

Explosive Type:

Explosive Amount:

Filter Pack

Filter Pack:

Filter Pack Material:

Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

No data matches search criteria.

Temporary Casing

No data matches search criteria.

Perforations

HARN 51539

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 21288

START CARD # 199656

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

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company CHILDERS HAY RANCH

Address 37040 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 275 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amount	Scks/lbs
			INSTALLED				
			LINER				
			ONLY				
			SEE ORIGINAL WELL REPORT				

SEAL

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Lin	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		12"	+	172'	2472'	2.50	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Casing	Lin	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

650 220 2 hr

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 N of S Range 30 E or W W.M.

Sec 01 SW 1/4 of the SE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 37040 WEAVER SPRING LN

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>2-09-09</u>			<u>36'</u>
Completed Well	<u>2-17-09</u>			<u>36'</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)

(11) WELL LOG

Ground Elevation _____

Material	From	To
SEE ORIGINAL LOG		

RECEIVED

FEB 25 2009

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 2-09-09 Completed 2-17-09

(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.

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 1355 Date 2-22-09

Signed Robert L. Jay

Contact Info. (optional) _____



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: NEW
Well Report: HARN 1318 [View Log](#) [Groundwater Site](#)
Well Label: 131823
Start Card:
Original Report:
Owner Well Nbr: 6
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 02/27/1980

Land Owner

Name:
Company: CHOWNING AND ASSOCIATES
RT 1 BOX 1109
Address: HERMISTON, OR 97838

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34457500
Longitude: -119.07887600
Horiz. Error: 99.00 ft.

Location

County: HARN
TRSQQ: WM26.00S30.00E1NWSW
Tax Map:
Tax Lot: 300
Lot:
Block:
Subdivision:
Street of Well:
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 02/22/1980
Completed Date: 02/27/1980
Drill Method: OTHER - ROTARY
Depth of Completed Well: 192.00
Est. Depth Drilled: 265.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	16.00	0.00	192.00	.312		•						

Temporary Casing

No data matches search criteria.

HARN 1318

WATER WELL REPORT

(Do not write above this line)

State Permit No. _____

Gravel placed from 18 ft. to 265 ft.

Contractor's License No. 659 Date 2/27 1980

SP-45656-119



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

AUG 30 2018

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): CHILDERS HAY RANCH, INC

OWRD

Mailing Address: c/o Childers Ranching, Inc. 548 Market Street # 33940

City, State, Zip: SAN FRANCISCO, CA 94101-5401

Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: Brian Lasich, Childers Hay Ranch, Inc., 30040 Weaver Springs Lane

City, State, Zip: Burns, OR 97720

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 26 S (North / South) Range: 30 E (East / West) Section: 01 NW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 300 County Harney

GPS Coordinates: 43.344575, -119.078876 see attached map

Street Address of Well, City: -

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): 2/27/1980 Total Well Depth: 265 ft Casing Diameter: 16"

Owner at time the well was constructed (if known): Chowning & Assoc. Well Report # (if known): HARN 1318

Other Information: Correct well location: 350' S, 20' E of W 1/4 Cor S1 (well report has incorrect information)

SUBMITTED BY (please print): John A. Short, Water Right Services, LLC

PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

8-30-18

Well Report Number:

HARN 1318

Well Identification #:

L-131823

HARN 1318

RECEIVED

AUG 30 2018

OWRD

T25S, R30E &
T26S, R30E, WM

HARNEY COUNTY, OREGON

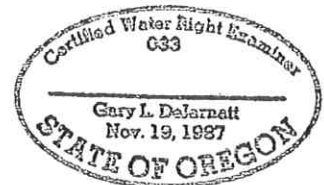
PAGE 1 OF 3



0 1,320 Feet

1" = 1,320'

- Township
- Section
- Quarter Quarter
- Tax Lot
- Well & Meter
- Pipeline

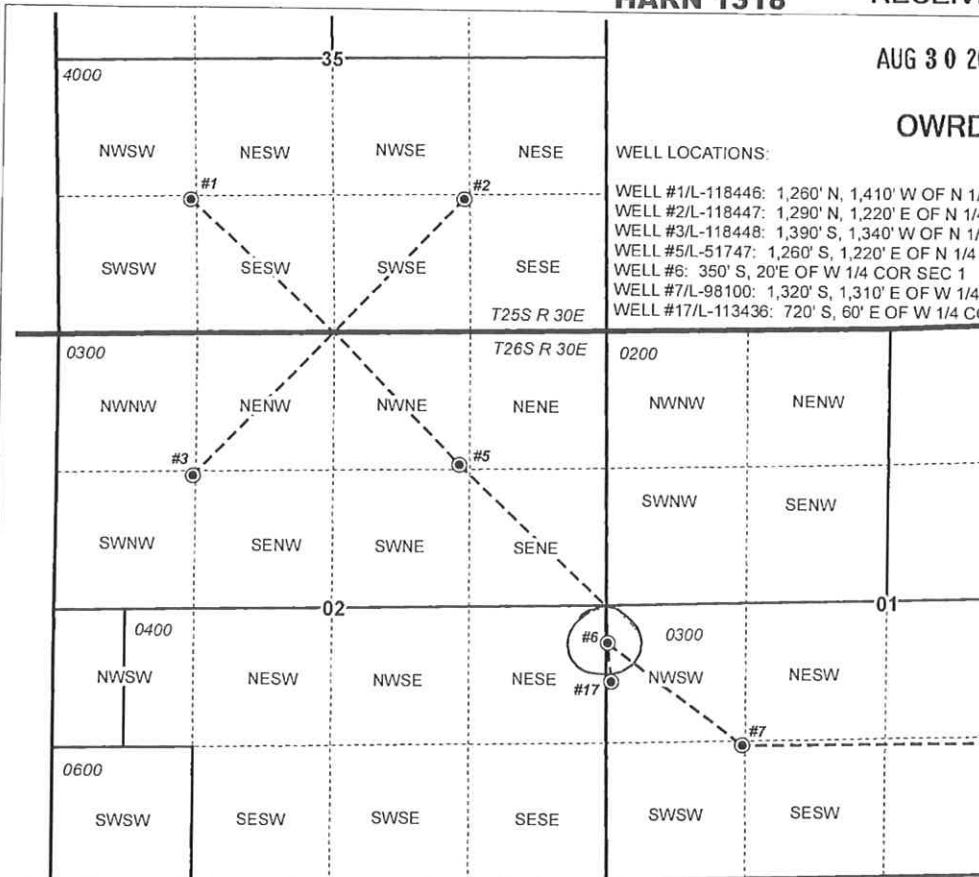


RENEWAL DATE 12/31/2019



WELL LOCATIONS:

WELL #1/L-118446: 1,260' N, 1,410' W OF N 1/4 COR SEC 2
 WELL #2/L-118447: 1,290' N, 1,220' E OF N 1/4 COR SEC 2
 WELL #3/L-118448: 1,390' S, 1,340' W OF N 1/4 COR SEC 2
 WELL #5/L-51747: 1,260' S, 1,220' E OF N 1/4 COR SEC 2
 WELL #6: 350' S, 20' E OF W 1/4 COR SEC 1
 WELL #7/L-98100: 1,320' S, 1,310' E OF W 1/4 COR SEC 1
 WELL #17/L-113436: 720' S, 60' E OF W 1/4 COR SEC 1



* OWRD staff note: This map furnished by
 Water Right Services @ wellID application.

CLAIM OF BENEFICIAL USE MAP

Childers Hay Ranch, Inc

AP G-16868/T-12464

PERMIT G-17943

NOTE: THIS MAP IS NOT INTENDED TO
 PROVIDE LEGAL DIMENSIONS OR LOCATIONS
 OF PROPERTY OWNERSHIP LINES.

Date: 8/2/18

WATER RIGHT SERVICES, LLC

PO BOX 1830, BEND, OR 97709

CCB# 197121 www.oregonwater.us541-389-2837 JOHNSHORT@USA.COM



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: DEEPENING
Well Report: HARN 51543 [View Log](#) [Groundwater Site](#)
Well Label: 98100
Start Card: 199662
Original Report: HARN 1319 [View Original Log](#)
Owner Well Nbr: 5
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 03/12/2009

Land Owner

Name:
Company: CHILDERS HAY RANCH
30040 WEAVER SPRINGS LANE
Address:
BURNS, OR 97720

Location

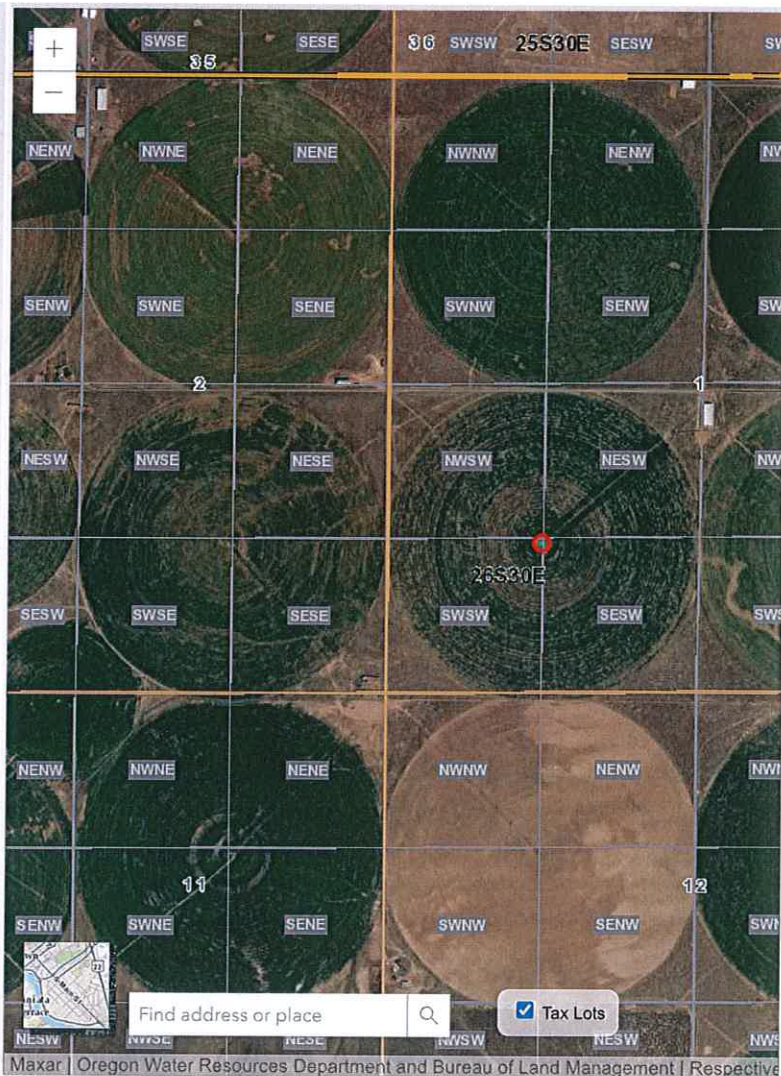
(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34186264
Longitude: -119.07396865
Horiz. Error: 2.00 ft.

Location

County: HARN
TRSQQ: WM26.00S30.00E1NWSW
Tax Map:
Tax Lot: 300
Lot:
Block:
Subdivision:
Street of Well: 30040 WEAVER SPRINGS LANE
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 02/25/2009
Completed Date: 03/12/2009
Drill Method: Rotary Air
Depth of Completed Well: 360.00
Est. Depth Drilled: 360.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

No data matches search criteria.

Temporary Casing

No data matches search criteria.

Perforations

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

HARN 51543

WELL LABEL # L 98100

START CARD # 199662

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

(1) LAND OWNER Owner Well I.D. #5
First Name _____ Last Name _____
Company CHADERS HAY RANCH
Address 30040 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 360 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
30"	0	175	EXISTING SEAL				
13"	175	223					
10"	223	360					

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

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
		12"	+	2"	223	250				

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

900+ 340' 1 1/2 hr

Temperature 63 °F Lab analysis ☐ Yes By _____

Water quality analysis (describe below)

From _____ To _____ Description _____ Amount _____ Units _____

APR 20 2009

WATER RESOURCES DEPT

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 N of S Range 30 E of W.M.

Sec 01 NW 1/4 of the SW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS LN

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	2-25-09		-	52 1/2
Completed Well	3-13-09		-	54

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
2-22-80	SEE ORIGINAL LOG				-	18'
3-13-09	257	360	1000+		-	54

(11) WELL LOG

Ground Elevation _____

Material	From	To
FROM 0-175 SEE ORIGINAL REPORT		
HARN 1319 STATE WELL NO 261/30E-106		
GRAY CLAY - CLAYSTONE LAYERS	178	187
SILT & CLAY	187	198
SOFT GRAY CLAY	198	223
GRAY - BLACK CLAY	223	257
BROKEN SOFT CLAYSTONE	257	290
VOLCANIC MATERIAL CONGLOMERATE	290	360

Date Started 2-25-09 Completed 3-12-09

(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.

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 1355 Date 3-15-09

Signed Arthur J. Day

Contact Info. (optional) _____



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: NEW
Well Report: HARN 50315 [View Log](#) [Groundwater Site](#)
Well Label: 21288
Start Card: 114662
Original Report:
Owner Well Nbr: 6
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 07/02/1998

Land Owner

Name: H R VLOEDMAN
Company:
Address: HC 71 BOX 213
BURNS, OR 97720

Location

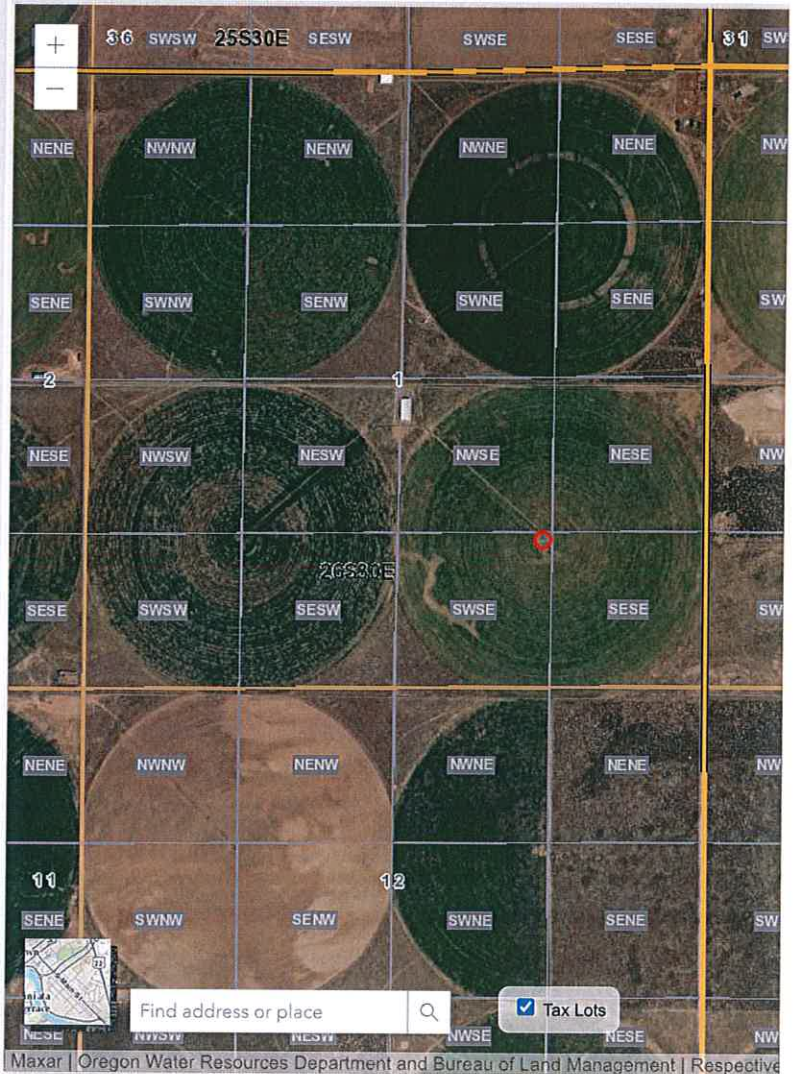
(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34187760
Longitude: -119.06421855
Horiz. Error: 1.00 ft.

Location

County: HARN
TRSQQ: WM26.00S30.00E1SWSE
Tax Map:
Tax Lot: 300
Lot:
Block:
Subdivision:
Street of Well: WEAVERS SPRINGS RD
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)

Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 06/16/1998
Completed Date: 07/02/1998
Drill Method: Cable
Depth of Completed Well: 275.00
Est. Depth Drilled: 275.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement:
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	22.00	1.00	30.00	.250	ST	•						

Temporary Casing

No data matches search criteria.

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

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

WELL I.D. # L21288
 START CARD # 114662

(1) OWNER: Well Number pivot 6

Name HR Vloedman
 Address HC 71 Box 213
 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 275 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
26	0	20	bentonite	0	20	30 sacks
22	20	130				
14	130	275				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured dry and tamped

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

Gravel placed from 130 ft. to 0 ft. Size of gravel 3/8 pea

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 22	+1	30	250	<input checked="" 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"/>
Liner: 14	+1.5	140	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material	
<input checked="" type="checkbox"/>		factory cut			
Screens		Type		Material	
<input type="checkbox"/>					
From	To	Slot size	Number	Diameter	Tele/pipe also
30	130	7/8x3	5600	14	

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

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
100	0		1 hr.

Temperature of water 58 Depth Artesian Flow Found _____

Was a water analysis done? ☒ No ☐ 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 26S N or S Range 30E E or W. WM.
 Section 1 SW 1/4 SE 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Weavers Springs Rd

(10) STATIC WATER LEVEL:

18 ft. below land surface. Date 7-2-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	130	850	18

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
sand fine brn	0	8	
clay brn	8	20	
clay green	20	28	18
cinders blk(Caving)	28	55	18
clay grey	55	77	18
sand blk fine	77	105	18
clay grey sand streaks	105	130	18
clay grey	130	248	18
cinders grey	248	252	18
clay green	252	275	18

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JUL 10 1998

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-16-98 Completed 7-2-98

(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 _____ WWC Number _____
 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.

Signed T. Smith WWC Number _____
 Date _____



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
 Type of Work: DEEPENING
 Well Report: HARN 51793 [View Log](#) [Groundwater Site](#)
 Well Label: 21288
 Start Card: 1013798
 Original Report: HARN 50315 [View Original Log](#)
 Owner Well Nbr:
 Company Job Nbr:
 Primary Use: IRRIGATION
 Complete Date: 06/20/2011

Land Owner

Name:
 Company: CHILDERS HAY RANCH
 30040 WEAVER SPRINGS LANE
 Address: BURNS, OR 97720

Location

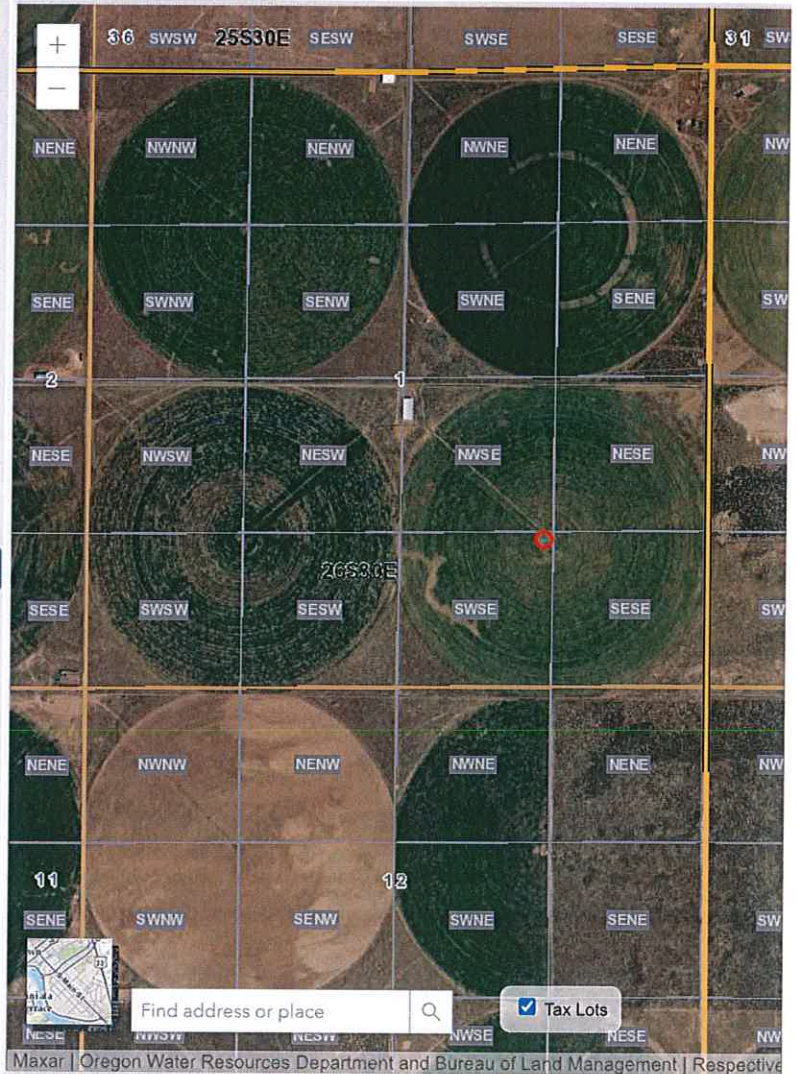
(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34187760
 Longitude: -119.06421855
 Horiz. Error: 1.00 ft.

Location

County: HARN
 TRSQQ: WM26.00S30.00E1SWSE
 Tax Map:
 Tax Lot: 300
 Lot:
 Block:
 Subdivision:
 Street of Well: 30040 WEAVER SPRINGS LANE
 WM District: 10
 Surface Elev: 4105.27 FT

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 06/16/2011
 Completed Date: 06/20/2011
 Drill Method: Rotary Air
 Depth of Completed Well: 350.00
 Est. Depth Drilled: 350.00
 Special Standards: ☐
 Seal Placed Method:
 Abandonment Start Date:
 Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft
 Backfill Material:
 Explosives Used: ☐
 Explosive Type:
 Explosive Amount:

Filter Pack

Filter Pack:
 Filter Pack Material:
 Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	12.00	178.00	350.00

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	L	12.00	-1.00	278.00	.250	ST	•						

Temporary Casing

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

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

WELL I.D. # L.L.39250
START CARD # 130099

(1) OWNER: Well Number _____
Name Herb Vloedman
Address HC 71 Box 213
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 280 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
28	0	18	bentonite	0	18	30 sacks
24	18	65				
14	65	280				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured dry and tamped
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: 24	+1	25'	.250	<input checked="" 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"/>
Liner: 14	+1.5	109'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method factory cut
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	90	1/8x3	39	20	14	<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"/>

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

<input type="checkbox"/> Pump Yield gal/min	<input checked="" type="checkbox"/> Bailer Drawdown	<input type="checkbox"/> Air Drill stem at	Flowing Artesian Time
100	2		1 hr.

Temperature of water 55 Depth Artesian Flow Found _____
Was a water analysis done? ☐ No ☐ 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 26S N or S Range 31E E or W. WM.
Section 5 SW 1/4 NW 1/4
Tax Lot 1100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Weaver Springs Rd

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 3-26-01
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	260	1000	19

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
sandy topsoil	0	10	
clay brn	10	20	
clay gray	20	30	
cinders blk caving	30	42	19
clay grey	42	65	19
sand blk fine	65	92	19
clay grey	92	150	19
clay grey	150	190	19
clay blk	190	210	19
clay green	210	240	19
claystone green	240	243	19
sand coarse	243	247	19
claystone	247	251	19
sand coarse	251	260	19
clay green	260	280	19

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APR 06 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-6-01 Completed 3-26-01

(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 _____ WWC Number _____
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.

Signed James K. Rife WWC Number 1424
Date 3-30-01


Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
 Type of Work: NEW
 Well Report: HARN 51694 [View Log](#) [Groundwater Site](#)
 Well Label: 101625
 Start Card: 201724
 Original Report:
 Owner Well Nbr:
 Company Job Nbr:
 Primary Use: IRRIGATION
 Complete Date: 02/17/2010

Land Owner

Name:
 Company: CHILDERS HAY RANCH
 30040 WEAVER SPRINGS RD
 Address: BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.33838000
 Longitude: -119.06885000
 Horiz. Error: 19.90 ft.

Location

County: HARN
 TRSQQ: WM26.00S30.00E1SWSW
 Tax Map:
 Tax Lot: 300
 Lot:
 Block:
 Subdivision:
 Street of Well: 30040 WEAVER SPRINGS RD,
 BURNS, OR
 WM District: 10
 Surface Elev: 4108.32 FT

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 01/05/2010
 Completed Date: 02/17/2010
 Drill Method: Rotary Air , Rotary Mud
 Depth of Completed Well: 696.00
 Est. Depth Drilled: 700.00
 Special Standards: ☐
 Seal Placed Method:
 Abandonment Start Date:
 Abandonment Completed Date:

Backfill

Backfill Placement:
 Backfill Material:
 Explosives Used: ☐
 Explosive Type:
 Explosive Amount:

Filter Pack

Filter Pack:
 Filter Pack Material:
 Filter Pack Size:

Bore Hole

No data matches search criteria.

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	20.00	1.00	94.50	.250	ST	•						305.00

Temporary Casing

No data matches search criteria.

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

HARN 51694

WELL LABEL # L 101625

START CARD # 201724

ORIGINAL LOG #

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

(1) LANDOWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company CHILDERS HAY RANCH
Address 30040 WEAVER SPRINGS RD.
City BURNS State OR Zip 97740

(2) TYPE OF WORK

☒ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION:

Well Depth _____ ft.
Seal Material _____
Casing Type: ☐ Steel ☐ Plastic ☐ Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD

☒ Rotary Air ☒ Rotary Mud ☐ Auger
☐ Cable ☐ Cable Mud ☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/Commercial ☐ Livestock ☐ Dewatering ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 696 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs
24"	0	80'	CEMENT	0	80	60 SCKS
16"	80	305				
10"	305	700				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csg	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		20"	+	1	94 1/2	.250	✓		✓	
	✓	12"	+	2	305	.250	✓		✓	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 305

Temporary casing ☐ Yes ☐ No Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf	Scrn	Csg	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian
Yield gal/min 300 Drawdown 222' Drill stem Pump depth 265' Duration (hr) 1

Temperature 73 °F Lab analysis ☐ Yes ☐ No

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 N of 5 Range 30 E of W.M.
Sec 01 SW 1/4 of the SW 1/4 Tax Lot 310
Tax Map Number _____ Lot _____

Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD

Street Address of Well (or nearest address) 30040 WEAVER SPRINGS RD
BURNS

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>3-02-10</u>		-	<u>43</u>
Completed Well				

Flowing Artesian? ☐ Yes ☐ No Dry Hole? ☐ Yes ☐ No

WATER BEARING ZONES

Depth water was first found 22'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>1-15-10</u>	<u>22</u>	<u>58</u>	<u>5 gpm</u>		-	<u>18</u>
<u>3-02-10</u>	<u>80</u>	<u>700</u>	<u>300</u>		-	<u>43</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	4
BROWN SAND	4	12
TAN CLAY	12	22
SAND - CINDERS	22	58
GRN CLAY	58	80
SANDY GREEN/BLACK CLAY	80	270
BLACK CINDER ROCK	270	274
BROWN SANDSTONE	274	287
GREEN CLAY	287	390
BEN SANDY CLAYSTONE	390	540
BROWN CLAYSTONE WITH	540	
THIN LAYERS OF OBSIDIAN		700
BOTTOM 4' FILLED WITH BROKEN CLAY		

Date Started 1-05-10 Completed 2-17-10

(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.

License Number 1739 Date 3-04-10

Signed Chris J. J.

(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 1355 Date 3-04-10

Signed Arthur L. J.

Contact Info. (optional) _____

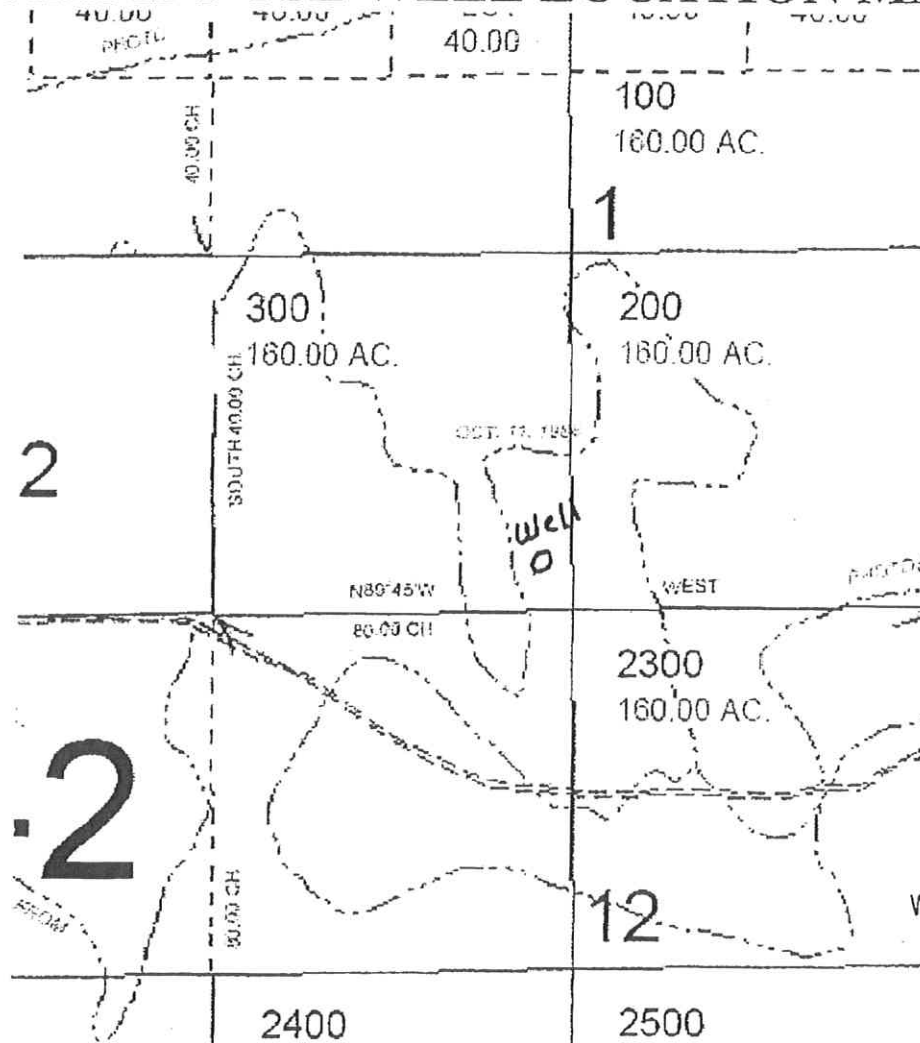
RECEIVED

APR 07 2010

RECEIVED

MAR 08 2010

EXEMPT USE WELL LOCATION MAP



RECEIVED

APR 12 2010

WATER RESOURCES DEPT
SALEM, OREGON**Harney County**

Assessor Map Reference Number: 26S 30E 1 SWSW; Tax Lot 300

Street Address of Well, if Available: 30040 Weaver Springs Road, Burns OR.

Well Log # **HARN 51694**, Well Label (ID Tag) # **L 101625**. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Sample Well Location Map.) You may also locate your well using our exempt use well mapping tool on our website at www.wrd.state.or.us/exempt_use_788_info.shtml or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

PAPER MAP NOT TO SCALE

LAND OWNER SUBMITTED MAP



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
 Type of Work: NEW
 Well Report: HARN 51836 [View Log](#) [Groundwater Site](#)
 Well Label: 88110
 Start Card: 1014772
 Original Report:
 Owner Well Nbr:
 Company Job Nbr:
 Primary Use: IRRIGATION
 Complete Date: 04/16/2012

Land Owner

Name:
 Company: CHILDERS HAY RANCH
 548 MARKET ST #33940
 Address: SAN FRANCISCO, CA 94104

Location

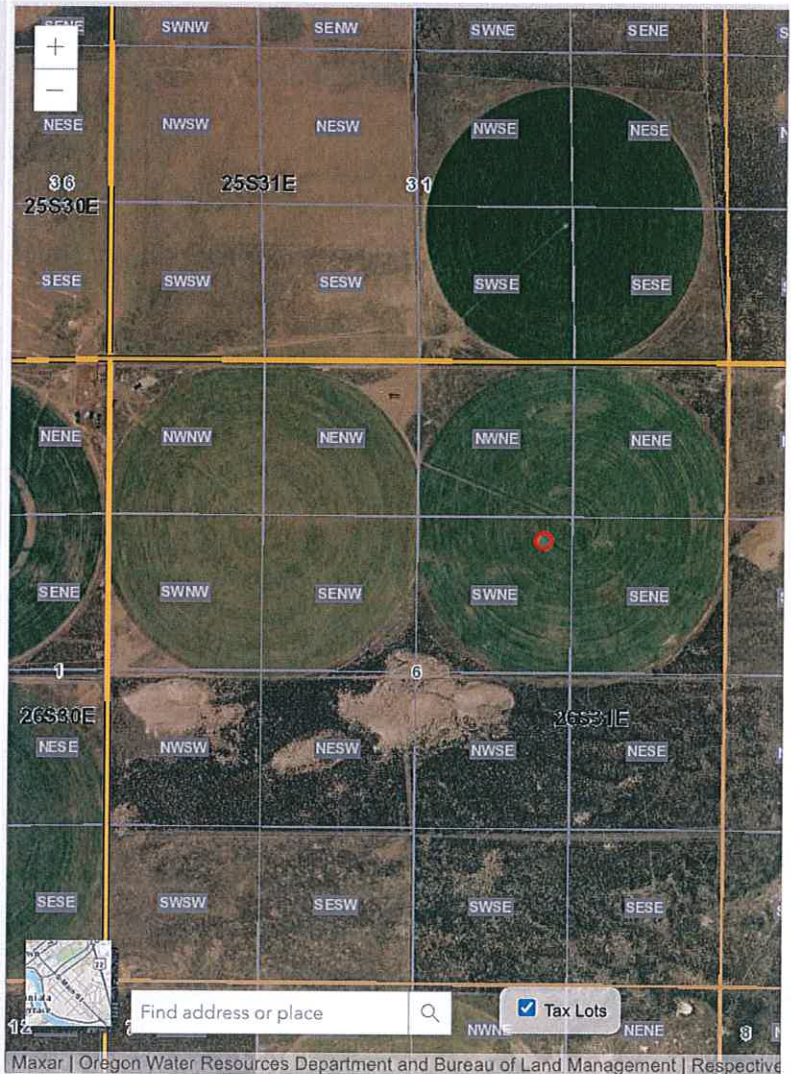
(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34879000
 Longitude: -119.04499000
 Horiz. Error: 14.40 ft.

Location

County: HARN
 TRSQQ: WM26.00S31.00E6SWNE
 Tax Map:
 Tax Lot: 1100
 Lot:
 Block:
 Subdivision:
 Street of Well: HEAD SOUTH ON HWY 205 OUT
 OF BURNS. GO OVER WRIGHT'S
 PT. AND TURN RIGHT
 WM District: 10
 Surface Elev:

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 11/03/2011
 Completed Date: 04/16/2012
 Drill Method: Cable
 Depth of Completed Well: 185.00
 Est. Depth Drilled: 185.00
 Special Standards: ☐
 Seal Placed Method:
 Abandonment Start Date:
 Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft
 Backfill Material:
 Explosives Used: ☐
 Explosive Type:
 Explosive Amount:

Filter Pack

Filter Pack:
 Filter Pack Material:
 Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	20.00	0.00	18.00
2	16.00	18.00	185.00

Seal

Row	Material	From (ft)	To (ft)	Amount	Amount Calc.
1	Bentonite Chips	0.00	18.00	42.00	

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	16.00	2.00	138.00	.250	ST	•				•		138.00

Temporary Casing

WELL LABEL # L 88110

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

START CARD # 1014772

Form Version: 0.95

START CARD # 1014772

1/2" x 4" formed steel, formed to fit bottom of well casing.



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
Type of Work: DEEPENING
Well Report: HARN 51845 [View Log](#) [Groundwater Site](#)
Well Label: 107669
Start Card: 1016569
Original Report: HARN 51836 [View Original Log](#)
Owner Well Nbr:
Company Job Nbr:
Primary Use: IRRIGATION
Complete Date: 05/10/2012

Land Owner

Name:
Company: CHILDERS HAY RANCH
 30040 WEAVERS SPRINGS LANE
Address:
 BURNS, OR 97720

Location

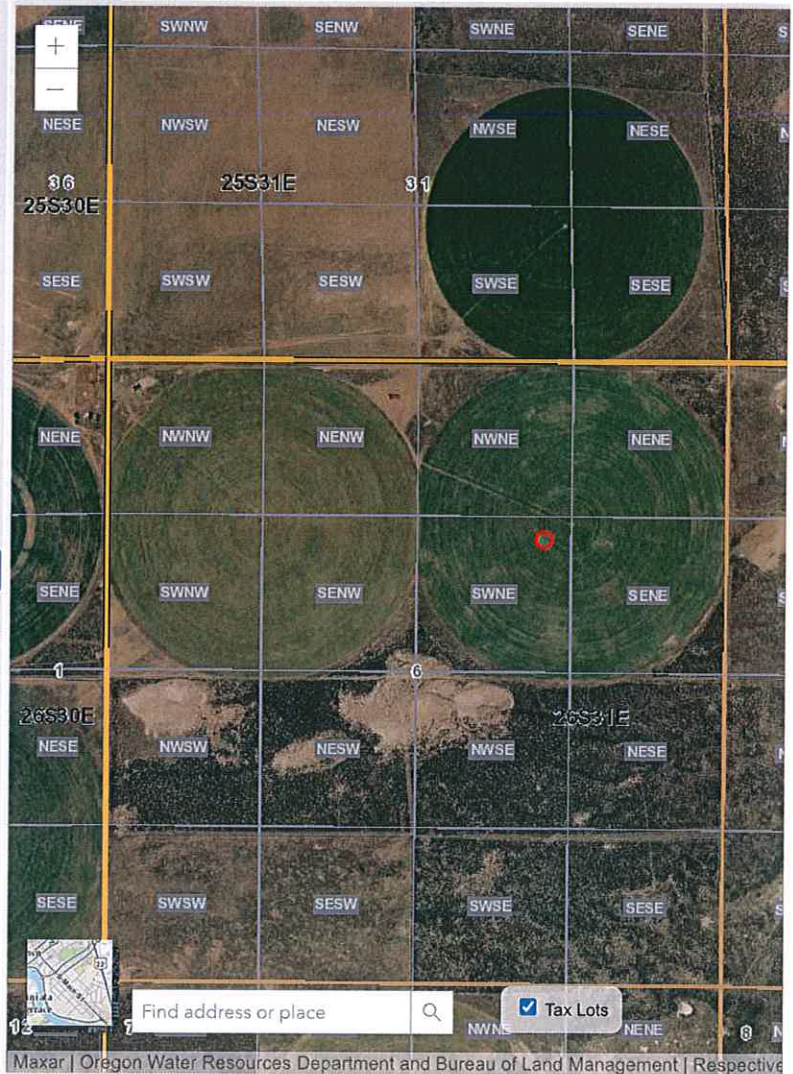
(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34880000
Longitude: -119.04493000
Horiz. Error: 21.10 ft.

Location

County: HARN
TRSQQ: WM26.00S31.00E6SWNE
Tax Map:
Tax Lot: 1100
Lot:
Block:
Subdivision:
Street of Well: 30040 WEAVER SPRINGS LANE, BURNS, OR. 97720
WM District: 10
Surface Elev:

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 05/07/2012
Completed Date: 05/10/2012
Drill Method: Rotary Air
Depth of Completed Well: 407.00
Est. Depth Drilled: 407.00
Special Standards: ☐
Seal Placed Method:
Abandonment Start Date:
Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft
Backfill Material:
Explosives Used: ☐
Explosive Type:
Explosive Amount:

Filter Pack

Filter Pack:
Filter Pack Material:
Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	10.00	185.00	407.00

Seal

No data matches search criteria.

Abandonment Log

No data matches search criteria.

Casing/Liner

No data matches search criteria.

Temporary Casing

No data matches search criteria.

Perforations

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

04-23-2012

WELL LABEL # L 88110

START CARD # 1014772

(1) LAND OWNER

Owner Well I.D. _____

First Name _____

Last Name _____

Company CHILDERS HAY RANCH

Address 20040 WEAVER SPRINGS LANE

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☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ Attach copy

Depth of Completed Well 185.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
20	0	18	Bentonite Chips	0	18	42	S
16	18	185					

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 _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16		2	138	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 138Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

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

50	0	50	1
----	---	----	---

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Harney Twp 26.00 S N/S Range 31.00 E E/W WM

Sec 6 SW 1/4 of the NE 1/4 Tax Lot 1100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☐ Nearest address

HEAD SOUTH ON HWY 205 OUT OF BURNS. GO OVER WRIGHT'S PT. AND TURN RIGHT

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening _____
Completed Well 04-16-2012 41Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 56 ft.

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
01-18-2012	56	98			41
02-14-2012	121	133			41

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	2
Brown Clay	2	56
Brown Fine Sand	56	98
Brown Clay	98	121
Brown Fine Sand	121	133
Gray Clay	133	163
Hard Basalt Rock	163	185

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JUL 2 2012

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-03-2011 Completed 04-16-2012

(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 1675 Date 04-23-2012

Electronically Filed

Signed GEORGE VALENTINE (E-filed)

Contact Info (optional)

START CARD # 1014772

1/2" x 4" formed steel, formed to fit bottom of well casing.

WATER RESOURCES DEPT
SALEM OREGON



Well Information

(Click to Collapse...)

Identification

Type of Report: Water Well
 Type of Work: NEW
 Well Report: HARN 52028 [View Log](#) [Groundwater Site](#)
 Well Label: 113436
 Start Card: 1022431
 Original Report:
 Owner Well Nbr: NEW #8
 Company Job Nbr:
 Primary Use: IRRIGATION
 Complete Date: 03/10/2014

Land Owner

Name:
 Company: CHILDERS HAY RANCH
 30040 WEAVER SPRINGS ROAD
 Address:
 BURNS, OR 97720

Location

(Click to Collapse...)

Latitude/Longitude

Latitude: 43.34356000
 Longitude: -119.07870000
 Horiz. Error: 14.40 ft.

Location

County: HARN
 TRSQQ: WM26.00S30.00E1NWSW
 Tax Map:
 Tax Lot: 300
 Lot:
 Block:
 Subdivision:
 Street of Well: 30040 WEAVER SPRINGS ROAD,
 BURNS, OR 97720
 WM District: 10
 Surface Elev:

[Well Report Mapping Tool](#)


Note: Tax lot overlay available only for a few counties.

Well Construction

(Click to Collapse...)

Construction

Start Date: 03/05/2014
 Completed Date: 03/10/2014
 Drill Method: Rotary Air
 Depth of Completed Well: 310.00
 Est. Depth Drilled: 310.00
 Special Standards: ☐
 Seal Placed Method:
 Abandonment Start Date:
 Abandonment Completed Date:

Backfill

Backfill Placement: ft to ft
 Backfill Material:
 Explosives Used: ☐
 Explosive Type:
 Explosive Amount:

Filter Pack

Filter Pack:
 Filter Pack Material:
 Filter Pack Size:

Bore Hole

Row	Diameter (in)	From (ft)	To (ft)
1	18.00	0.00	86.00
2	14.00	86.00	310.00

Seal

Row	Material	From (ft)	To (ft)	Amount	Amount Calc.
1	Bentonite	0.00	86.00	63.00	

Abandonment Log

No data matches search criteria.

Casing/Liner

Row	Casing/Liner	Diameter (in)	From (ft)	To (ft)	Gauge	Material	Weld	Glue	Thread	Shoe Inside	Shoe Outside	Shoe Other	Shoe Location
1	C	14.00	-2.00	233.00	.250	ST	•						

Temporary Casing

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

RECEIVED BY OWRD
HARN 52028

APR 28 2014

Revised

HARN 52028

WELL LABEL # L 113436

START CARD # 1022 431

Original Log# HARN 52028

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

(1) LAND OWNER Owner Well I.D. New #8
First Name _____ Last Name Childers
Company Childers Hay Ranch
Address 30040 weaver Spring Road
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 310 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
18	0	87	Cement	18	87	37	
			Bentonite	0	18	18	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Poured DRY + Tamped

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		14"	X	2	233	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

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

1000 300 1

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 26 Nor S Range 30 E or W W.M.

Sec 1 NW 1/4 of the SW 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 30040 weaver Sp Rd.
BURNS OR. 97720

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>3-10-14</u>			<u>88</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 88

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-10-14</u>	<u>88</u>	<u>310</u>	<u>2000</u>			<u>88</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sandy Loam Topsoil	0	2
Sandy clay BRN	2	20
Red cinders	20	43
Cinders multi colored	43	60
Cinders BLK	60	82
Rock green	82	88
Cinders Black	88	144
Cinders, sand BLK-clay	144	208
Sand, fine BLK	208	213
clay Bells grey	213	228
clay BLK	228	237
cinders Red	237	262
cinders BLK	262	304
Sandstone grey, hard	304	310

Date Started 3-5-14 Completed 3-10-14

(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.

JUN 13 2016

License Number _____ Date _____

Signed _____ SALEM, OR

(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 4-22-14

Signed Timothy K. Riley
Contact Info. (optional) 541-573-5695



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

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NOV 17 2016

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Golden Rule Farms, Inc.

Mailing Address: PO Box 255

City, State, Zip: Christmas Valley, OR 97641

Mail Well ID Tag to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: John Short

City, State, Zip: PO Box 1830, Bend, OR 97709

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 25S (North / South) Range: 31E (East / West) Section: 31 NW 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 6600 County Harney

GPS Coordinates: 43.356489, -119.044633

Street Address of Well, City: _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IR

Date Well Constructed (or property built): 6/12/1989 Total Well Depth: 170' Casing Diameter: 12"

Owner at time the well was constructed (if known): Lefor Well Log # (if known): HARN 1837

Other Information: Well in center of Phase 4 pivot closest to house.

SUBMITTED BY (please print): John A. Short / Water Right Services, LLC

PHONE: 541-389-2837 EMAIL &/or FAX: johnshort@usa.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

11-17-16

Well Log Number:

HARN 1837

Well Identification #:

L-125018