

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

08-07-2007

WELL LABEL # 1. 90402

START CARD # 1001738

Amended

(1) LAND OWNER Owner Well ID: 1422

First Name: Dennis Last Name: Buchanan
Company: DURGAN RANCH
Address: P.O. BOX 40069
City: BELLEVUE State: OR Zip: 98015-4069

(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 220.00 ft.

BORE HOLE:			SEAL:			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
14	0	18.5	Bentonite	0	18.5	10	S
10	18.5	220					

How was seal placed: Method A B C D E

Other POURED IN DRY

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	Plste	Wld	Thrd
<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	1.5	18.5	.250	<input checked="" 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	Casing/Screen	Screen Liner	Dia	From	To	Sern/slot width	Slot length	# of slots	Tele/pipe size

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150		220	1

Temperature 59 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 16.00 S N:S Range 24.00 E E/W WM
Sec 4 SW 1/4 of the SW 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
10809 WOLF CREEK RD
PAULINA, OREGON 97751

(10) STATIC WATER LEVEL

Date	SWL (psi)	+ SWL (ft)
Existing Well / Predeepening 08-02-2007		75
Completed Well 08-04-2007		75

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 120

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
08-02-2007	120	140	90		75
08-04-2007	190	220	150		75

(11) WELL LOG

Material	From	To
SANDY TOP SOIL	0	6
GREY SANDSTONE	6	36
BROWN SANDSTONE	36	72
GREY SANDSTONE	72	84
BROWN CLAYSTONE	84	132
GREY BASALT	132	220

Ground Elevation _____

RECEIVED
FEB 25 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 08-02-2007 Completed 08-04-2007

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1880 Date 08-07-2007

Electronically Filed

Signed JAMES H WILLIAMS (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 584 Date 08-07-2007

Electronically Filed

Signed DARRELL MAPHET (E-filed)

Contact Info (optional)