

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

GILL 50640

7/2/2013

WELL I.D. LABEL# L 87764
START CARD # 1019574
ORIGINAL LOG # GILLIAM 50639

(1) LAND OWNER
Owner Well I.D.
First Name MONTY Last Name CRUM
Company MONTY CRUM RANCHES, LLC
Address PO BOX 121
City IONE State OR Zip 97843

(2) TYPE OF WORK
New Well Deepening Conversion
Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
Material From To Amt sacks/lbs
Seal: Bentonite Chips 0 18 15 Sacks

(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 825.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 16, 0, 198, Cement, 0, 200, 123, S

How was seal placed: Method A B C D E
Backfill placed from ft. to ft. Material
Filter pack from ft. to ft. Material Size
Explosives used: Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
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 Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots 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)

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 1000, , 800, 2

Table with columns: Temperature, Lab analysis, Water quality concerns, From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)
County GILLIAM Twp 1.00 N N/S Range 22.00 E E/W WM
Sec 8 SE 1/4 of the SW 1/4 Tax Lot 1001
Tax Map Number Lot
Lat " or " DMS or DD
Long " or " DMS or DD
Street address of well Nearest address
CORNER OR EIGHTBMILE RD AND TREE LN

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration 4/17/2013 240
Completed Well 6/24/2013 256
Flowing Artesian? Dry Hole?

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG
Ground Elevation
Material From To
Reamed existing well 0 660
existing well 660 825

Date Started 4/17/2013 Complete 6/24/2013

(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 1881 Date 7/2/2013
Signed GARRY L ZOLLMAN (E-filed)
Contact Info (optional) Garry Zollman

