GRAN 50952

10-28-2008

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

WELL LABEL # L 93391

START CARD # 1004289

(1) LAND OWNER

Owner Well I.D. _____

First Name STEVE Last Name LAHUE
Company
Address POBOX 1403
City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion
[ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 142.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
10	0	22	Bentonite Chips	0	22	11	S
6	22	142					

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POUR IN METHOD
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
(•)	( )	6	[X]	2	29	.25	(•)	( )	[X]	[ ]
( )	(•)	4.5	[ ]	3	142	.25	( )	(•)	[ ]	[X]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____
Temp casing [ ] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method SAW CUT
Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	122	142	.188	6	4	4.5

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
22		142	2

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 Grant Twp 13.00 S N/S Range 31.00 E E/W WM
Sec 34 SE 1/4 of the NW 1/4 Tax Lot 600
Tax Map Number _____ Lot _____
Lat ___° ___' ___" or _____ DMS or DD
Long ___° ___' ___" or _____ DMS or DD
( ) Street address of well (•) Nearest address

WEST BENCH RD JOHN DAY OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	10-05-2008		[ ]	38

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 95

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-28-2008	95	138	22		[ ]	38
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation 3,694

Material	From	To
TOPSOIL/BOULDERS	0	3
FRACTURED BASALT	3	18
RED CLAY/GRAVEL	18	32
SAND	32	45
RED CLAY/GRAVEL	45	95
FRACTURED BASALT/QUARTZ/IRON PIRITE	95	142

Date Started 09-25-2008 Completed 11-05-2008

(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 1712 Date 10-28-2008
Electronically Filed
Signed JAMES W NEAL (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