

STATE OF OREGON
WATER SUPPLY WELL REPORT

GRAN 51033

WELL LABEL # L 105004
START CARD # 197304
ORIGINAL LOG #

Gran 51033

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. _____
First Name Grant County Last Name _____
Company Grant County
Address 201 South Humboldt
City Canyon City State OR. Zip 97820

(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 200 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount lbs
10	0	20	Bent.	0	20	15
6	20	200				

How was seal placed: Method A B C D E
 Other 3/8" poured dry
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

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
←		6	R	2	138	.250	X			X
	←	4		120	200	SDR 24		X		

Shoe Inside Outside Other Location of shoe(s) 138
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Slotted Pipe
Screens Type _____ Material P.V.C.

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X		160	200	1/4	8"	60	4

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
27	200	200	2hr.

Temperature 51 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Grant Twp 13 N or S Range 33 E or W W.M.
Sec 11BA NW 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) 425 South Maine
Pravie City OR. 97869

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>5-6-10</u>	<u>3 psi</u>		

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 6

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-28-10</u>	<u>6</u>	<u>8</u>	<u>4</u>			<u>5</u>
<u>5-6-10</u>	<u>190</u>	<u>200</u>	<u>27</u>	<u>3 psi</u>		

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Brown Clay cobbles</u>	<u>0</u>	
<u>sand</u>		<u>8</u>
<u>Red Clay sand gravel</u>	<u>8</u>	<u>60</u>
<u>Tan Clay Sand</u>	<u>60</u>	<u>190</u>
<u>Black Sandstone</u>	<u>190</u>	
<u>Broken Rock</u>		<u>200</u>

RECEIVED
JUN 07 2010
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 4-26-10 Completed 5-6-10

(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 _____ 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.

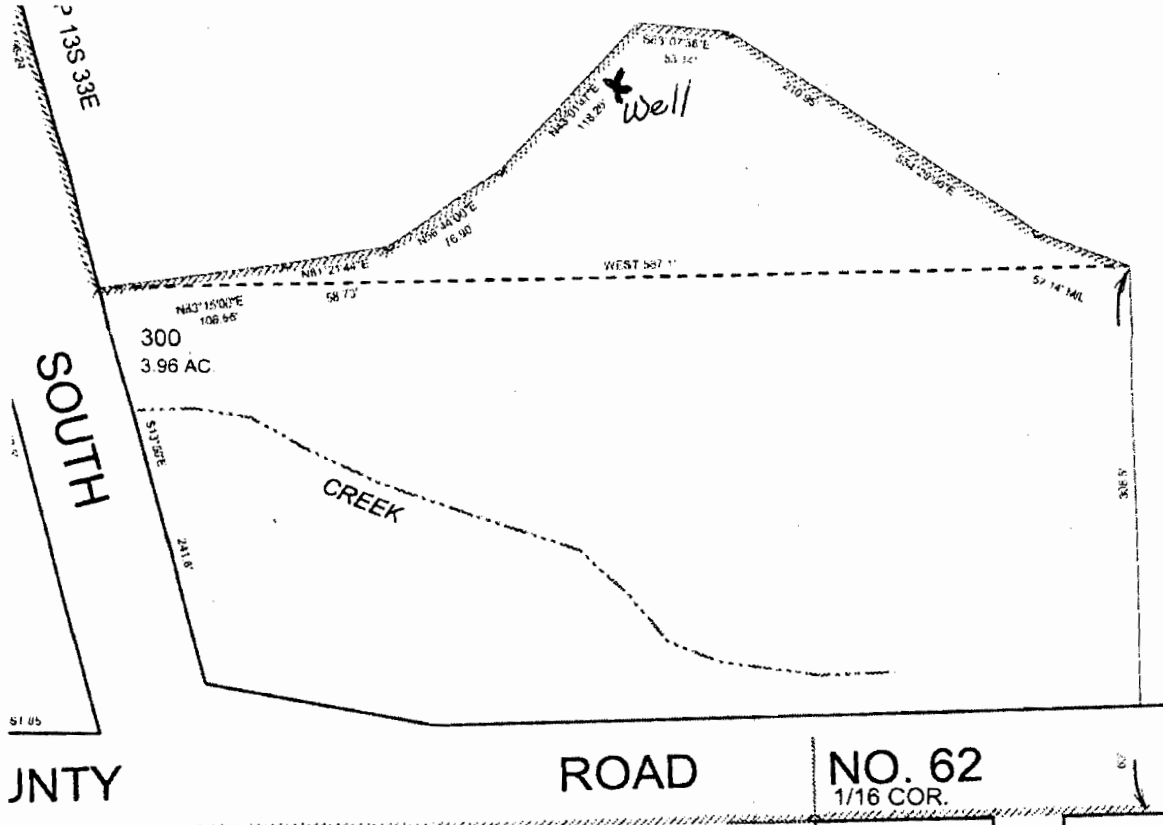
License Number 1816 Date 5-27-10

Signed [Signature]

Contact Info. (optional) 541-519-0614

AUG 09 2010

EXEMPT USE WELL LOCATION MAP



RECEIVED

FEB 04 2011

WATER RESOURCES DEPT
SALEM, OREGON



Grant County

Assessor Map Reference Number: 13S 33E 11 NENW; Tax Lot 300

Street Address of Well, if Available: 425 S Main, Prairie City, OR.

Well Log # GRAN 51033. Well Label (ID Tag) # L 103004. (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.

LAND OWNER SUBMITTED MAP

MAP NOT TO SCALE

GRANT COUNTY
GRAN 51033
INV 3308
SC 197304

RECEIVED

SEP 15 2011

WATER RESOURCES DEPT
SALEM, OREGON