

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 646.000)

WELL I.D. # L 51745
START CARD # 144603

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

(1) LAND OWNER Well Number
Name Moran Farms - Del Crawford
Address 180 S. Grand
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 325 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	30	Cement	0	30	3 yards
12	30	325				

How was seal placed: Method A B C D E
 Other _____
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: 12 +1.5 13.25
Liner: _____
Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____
From To Slot Number Diameter Tele/pipe Casing Liner
size size size size size
_____ _____ _____ _____ _____ _____ _____ _____

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min Drawdown Drill stem at Time
100 10 _____ 1 hr.

Temperature of water 59° 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 Harnett Latitude _____ Longitude _____
Township 24 S N or S Range 33 E E or W. WM.
Section 24 SE 1/4 NW 1/4
Tax Lot 6400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Crane-Buchanan Rd

(10) STATIC WATER LEVEL:
36 ft. below land surface. Date 5-10-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
39	315	800	36

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	1	
clay brn	1	27	
clay grey	27	39	
sand fine blk/clay	39	58	36
clay grey soft	58	71	36
sand fine blk	71	105	36
clay yellow hard	105	140	36
under claystone yellow	140	160	36
under claystone purple green	160	180	36
under claystone purple grey	180	315	36
clay claystone green	315	325	36

Date started 5-2-02 Completed 5-10-02

(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. Riley Date 5-16-02