

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L 53097
 START CARD # 144825

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

(1) LAND OWNER Well Number _____
 Name Kenneth A. and Paula J. Thomas
 Address P.O. Box 864
 City Crane State OR Zip 97732

(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 85'
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
18"	0' 40'	Bentonite	0' 39'		78
16"	40' 85'				

How was seal placed: Method A B C D E
 Other Bentonite WAS foamed - packed
 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'	40'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) 40'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>NONE</u>							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
<u>1800 gpm</u>	<u>19'</u>		<u>8 hr.</u>

Temperature of water 57 Depth Artesian Flow Found _____
 Was a water analysis done? 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 Harney Latitude _____ Longitude _____
 Township 26 N or S Range 33 E or W. WM.
 Section 35 SW 1/4 NW 1/4
 Tax Lot 5000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
14' ft. below land surface. Date 7-2-03
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 72'

From	To	Estimated Flow Rate	SWL
<u>72'</u>	<u>95'</u>	<u>2000 gpm</u>	<u>14'</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>3'</u>	
<u>BROWN CLAY</u>	<u>3'</u>	<u>35'</u>	
<u>BASALT BLACK</u>	<u>35'</u>	<u>72'</u>	<u>14'</u>
<u>CINDERS BLACK</u>	<u>72'</u>	<u>85'</u>	<u>14'</u>

RECEIVED
 JUL 17 2003
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-30-03 Completed 7-2-03

(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 1675
 Signed George Valentin Date 7-2-03

DRAFT

DRAFT

DRAFT

DRAFT