

Revisions Requested

WELL I.D. # L 76596

START CARD # 176005

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

(1) **LAND OWNER** Well Number _____
Name Jerry Rank
Address 65341 Crane Buchanan Rd
City Burns State OR Zip 97720

(2) **TYPE OF WORK** New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) **PROPOSED USE**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) **BORE HOLE CONSTRUCTION** Special Construction: Yes No
Depth of Completed Well 120 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
28	0	28	bentonite	0	28	90 sacks
22	28	95				
14	95	170				

How was seal placed: Method A B C D E
 Other poured dry and tamped
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 120 ft. to +1 ft. Size of gravel 3/8pea

(6) **CASING/LINER**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 24	+1	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 14	+2	120	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) **PERFORATIONS/SCREENS**

Perforations Method _____
 Screens Type rosco moss Material stainless

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
65	105	.100	c.s.	14		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
50	0		

Temperature of water 70 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 (legal description)**
County Harney
Tax Lot 1800 Lot _____
Township 24S N or S Range 34E E or W WM
Section 30 NW 1/4 NW 1/4
Lat _____° _____' _____" or _____ (degrees or decimal)
Long _____° _____' _____" or _____ (degrees or decimal)
Street Address of Well (or nearest address) Crane Buchanan Rd

(10) **STATIC WATER LEVEL**
75 ft. below land surface. Date 1-20-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES**
Depth at which water was first found 75

From	To	Estimated Flow Rate	SWL
75	112	400	75

(12) **WELL LOG** Ground Elevation _____

Material	From	To	SWL
topsoil sandy loam	0	2	
sand brn	2	18	
clay brn	18	50	
sand fine, med caving	50	112	75
clay yellow	112	130	75
clay blue	130	170	75

RECEIVED

JAN 27 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 12-22-05 Completed 1-20-06

(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.

WWC 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.

WWC Number 1424 Date 1-25-06
Signed [Signature]